

THE FOLLOWING GUIDELINES APPLY TO ALL PROCEDURAL AND SURGICAL PATIENTS:

Anesthesia Preoperative Evaluation Unit Guidelines

The Department of Anesthesiology encourages all patients who are anticipating a surgical procedure at The Nebraska Medical Center, who are ASA II-IV (see attached), to have an Anesthesia screening in the Anesthesia Preop Evaluation Unit as part of their preoperative workup. The patients will be evaluated by a combined team of Staff Anesthesiologists, Residents and Physician Assistants focusing on potential cardiac, pulmonary and airway problems that may be encountered perioperatively. The Anesthesia Team then will work in conjunction with the Clinics, Consults, Primary Care Providers, and Ancillary Support Teams to assure that the patient is maximized prior to the day of surgery. Preoperative screening is an attempt to help alleviate problems, optimize patients, while minimizing unnecessary and costly delays or cancellations and making patient safety a number one priority. The Anesthesia Preop Evaluation Unit is located on the first floor of the South Tower in room number 1467. The APEU is currently open from 9:00 a.m. to 5:45 p.m. With clinic visits, Diagnostic Center workups, and APEU screening, patients should be informed that their preoperative workup may take half of a day to a full day to complete. That way, they will make appropriate arrangements and be prepared to complete what is required (diabetic patients and patients on oxygen should make arrangements for food, insulin, or adequate oxygen).

The patient should have a History and Physical exam completed by the primary team or patient's primary care physician. All appropriate labs, chest x-rays, EKG's, and cardiac or pulmonary workups should be completed prior to the Anesthesia Preop Evaluation Unit visit. These should be made available **at the time of the patient's preoperative visit** to help avoid last minute problems the day prior to or morning of surgery, i.e., hyperkalemia, abnormal EKG's, or abnormal cardiac workups that may require further recommendation from Internal Medicine or Cardiology for monitoring or optimizing the patient. If the patient has had any previous cardiac workup, i.e., cardiac catheterization, stress test, ECHO, EKG (in the case of abnormal preop EKG) or a previous CABG, this information/records should be enclosed in the surgical packet. Pulmonary function tests, pulmonary consultations and sleep studies are important information to include for evaluation of potential respiratory complications that might develop during the patient's procedure.

In order to facilitate the preoperative screening by the Anesthesia Department, patients should be scheduled for surgery with OR scheduling prior to the APEU visit. They also should have completed appropriate labs, chest x-ray, and EKG as suggested in the Asymptomatic Patient Guidelines and the current hospital Beta Blocker Guideline. They also should have a completed surgical packet. This packet should include a History and Physical from the primary team, written order sheet, and signed consent. All orders should be placed in Carecast by the clerks in the Surgical clinics. APEU clerks do not put in clinic orders. Any workup (labs, CXR, EKG, ECHO, STRESS, CATH, PFT, etc.) ordered by the surgeon must be on the chart prior to the patient being taken to the OR.

Why is it important for the patient to be scheduled for surgery with OR Scheduling prior to APEU visit?

- Allows for patient to make necessary arrangements at work and home.
- Allows for confirmation of patient's scheduled procedure: date and location of surgery (Main OR, Outpatient Surgical Center, Cath Lab, North or South campus). These are necessary for arrival information, as well as determining NPO status and medications to be taken AM of surgery. **(This is particularly important in diabetic patients)**. Makes it possible to reaffirm that patients may need to stop certain medications prior to surgery, i.e., aspirin, vitamins.
- Allows for identification of surgical site, to determine if there are any special equipment or positioning needs, also to determine need for possible pain blocks or epidurals. Alerts anesthesia to potential airway problems. Allows for development of Anesthesia plan.
- Identifies type of anesthesia requested, so the patients can be informed of the type of anesthesia, possible alternative choices, and risks.

Why are the surgical packets important?

- Helps provide continuity of patient care between clinics, Diagnostic Center and APEU. Increases communication between health care providers.
- Maintains integrity and confidentiality of personal medical information as the patient follows their preoperative schedule.
- Introduces the patients to clerks in the Diagnostic Center and APEU, and when appropriately filled out, provides patient's name, medical number, surgeon, and date of surgery.
- Provides surgical clinic the necessary forms to be completed prior to APEU visit and OR.
- Used to store all patient information until compiled in OR chart.

Why are hand written order sheets important?

- Provides the clerks in the surgical clinics a basis for entering labs ordered by the surgical team into the computer.
- Serves, if necessary, as a verification of orders and cross reference in the Diagnostic Center and APEU. If any labs are missed, the patient can be sent back to the diagnostic center prior to procedure to obtain missed workup.
- Helps identify labs that might need to be completed closer to the surgical date, i.e., pregnancy screens, post dialysis BMET, Type and Cross.

Please note in the Anesthesia Handbook the difference in the cost of *in-vs-out-patient* lab costs. Ordering labs the day of surgery can be costly to your patient.

Why is it important to have a completed consent form?

- Patient has an explanation of the surgery, its risks and benefits.
- Allows for identification of scheduling errors.

- Identifies surgery, surgical site for cross reference.
- Allows Anesthesia to identify potential airway, positioning, and special needs, i.e., epidurals, monitoring device.
- Eliminates the potential of patient receiving sedation prior to the consent being signed.

Why is it important to have a history and physical prior to APEU visit?

- Establishes surgeon/patient relationship and allows for patients to have their concerns or questions addressed. Provides time for consents to be completed.
- Acts as a referral to Anesthesia.
- Identifies surgery and the reason for surgery.
- Gives past medical history, medication, and allergies
- Vitals can be established as being appropriate or inappropriate for upcoming surgical procedures. Patients may not be candidates for outpatient surgery or may need further workup, i.e., blood pressure management.
- Specifies surgical sites allowing for identification of potential problems, i.e., masses in the airway that may cause intubation problems.
- Provides anesthesia representative with the surgeons' type of anesthesia requested.
- Helps identify potential need for additional monitoring.

Clarkson West Medical Center has its own screening program. Please do not send patients scheduled for surgery at Clarkson West (or their packets) to APEU. **Contact Clarkson West directly concerning Preop instructions.**

MRI, CT, OB, and Endoscopy patients should be seen as directed **per Anesthesia Floor Manager: 888-7777**. Please contact **APEU (559-9228)** and let them know that patients are coming in for an Anesthesia evaluation. Provide patient a copy of recent History and Physical, appropriate labs, chest x-ray and EKG. Document date and time of procedure and type of Anesthesia requested.

It is the responsibility of the primary team to order appropriate workups based on Anesthesia Guidelines, and to follow up on the results of these labs, chest x-rays, EKGs, etc.

Anesthesia will notify, as a courtesy, the primary team of any pertinent abnormalities in labs, chest x-rays or EKG's. **It is the responsibility of the primary team to correct the abnormalities, if possible, repeat the workup as necessary, or obtain consults.**

Any questions or concerns regarding these guidelines should be addressed to:

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