



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Anesthesia Care		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Routine Pre – Operative Investigation in Pre – Anesthesia Clinic (PAC)		
<b>Applies To:</b>	All Anesthesia Staff		
<b>Preparation Date:</b>	January 05, 2025	<b>Index No:</b>	AN-DPP-004
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## 1. PURPOSE:

- 1.1 To outline the pre – operative investigation in the pre – anesthesia Clinic.

## 2. DEFINITIONS:

- 2.1 **Pre – operative** – the preoperative period runs from the time the patient is admitted to the hospital or surgical center to the time that the surgery begins.
- 2.2 **Pre – anesthesia Clinic** – visit a day before surgery by anesthetist to plan anesthesia and to assess outcome.

## 3. POLICY:

- 2.1 Electrolyte and/or creatinine are not required on otherwise healthy patients for elective procedures or if the surgery is a minor procedure under local anesthesia.
- 2.2 Other than the following investigation may be ordered depending on the patient pathology.

## 4. PROCEDURE:

- 4.1 Routine Complete Blood Count is required for all patients as part of their normal pre – operative preparation.
  - 4.1.1 Electrolytes are required for:
    - 4.1.1.1 Patients on steroids.
    - 4.1.1.2 Patients on diuretics.
    - 4.1.1.3 Patients on digitalis.
    - 4.1.1.4 Patients with fluid/electrolyte disturbance.
    - 4.1.1.5 Patients with diabetes mellitus or renal insufficiency.
    - 4.1.1.6 Patients having cardiac, major vascular/renal surgery, or major neuro – surgery.
  - 4.1.2 Creatinine is required for:
    - 4.1.2.1 Patients aged 40 years or greater.
    - 4.1.2.2 Patients with diabetes mellitus or renal insufficiency.
  - 4.1.3 Coagulation profile is required for:
    - 4.1.3.1 Patients with history of bleeding disorder.
    - 4.1.3.2 Patients with history of significant hepatic or renal disorder.
    - 4.1.3.3 Patients on anti – coagulation.
    - 4.1.3.4 Obstetric and gynecological patient as may receive spinal anesthesia.
  - 4.1.4 Electrocardiogram is required for all patients aged 40 years and older. A repeat ECG is required after 3 months, or if clinically indicated.
    - 4.1.4.1 All patients with a history of significant cardiac/respiratory disease.
    - 4.1.4.2 All patients with a history of peripheral vascular disease.
    - 4.1.4.3 Hypertensive patients.
    - 4.1.4.4 All adult diabetics.



- 4.1.4.5 All patients with a history of angina.
- 4.1.4.6 All patients on Digoxin therapy.
- 4.1.4.7 All patients with history of arrhythmias.
- 4.1.4.8 All patients with a history of significant cardiac/respiratory disease.
- 4.1.4.9 All patients with history of syncope
- 4.1.5 Chest X – Ray: A chest x – ray is indicated for any patient with significant cardiac, neoplastic or pulmonary disease, or when specifically ordered by the surgeon or the anesthesiologist. A chest x – ray taken within 3 months of scheduled surgery is acceptable unless there has been a change in the patient's medical status.
- 4.2 Pre – anesthesia assessment is performed not more than 14 days prior to the surgery date by the anesthesiologist who decides together with the surgeon as of the type of anesthesia to be used and the pre – anesthesia assessment.
  - 4.2.1 Form is completed and includes the following:
    - 4.2.1.1 The anesthesia risk category according to the patient's condition.
    - 4.2.1.2 Any consultations needed (cardiology, hematology, etc).
    - 4.2.1.3 The anesthesia plan
    - 4.2.1.4 The potential complications and risks, which are communicated to the patient and his/her for obtaining informed consent.
    - 4.2.1.5 The anesthesia risk category according to the patient's condition.
  - 4.2.2 There is anesthesia form in the medical record and the following information is recorded during anesthesia.
  - 4.2.3 The dosage of all of the medication and agents used.
  - 4.2.4 The techniques used to administer the anesthesia.
  - 4.2.5 If blood is used, the amount of blood and the time given.
  - 4.2.6 Any investigation carried out, for example blood glucose, arterial blood gases amount of blood loss, urine output and any unusual events.

## 5. MATERIALS AND EQUIPMENT:

N/A

## 6. RESPONSIBILITIES:

- 6.1 Anesthesiologist
- 6.2 Surgeon

## 7. APPENDICES:




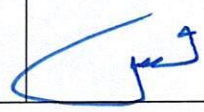
N/A

## 8. REFERENCES:

- 8.1 Bailey T. Love's- Short Practice of Surgery 26<sup>th</sup> edition.
- 8.2 Pre – anesthesia check by Dr. N. K. Agrawal.



## 9. APPROVALS:

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