JHH Perioperative Service Local Guideline

Title

Approach to the patient in the JHH perioperative clinic.

Background

This guideline is intended for use by anaesthetic doctors working in the John Hunter Hospital Perioperative Clinic. It is not mandatory that this approach be followed, however it may be found useful by doctors who are new to anaesthetic preoperative assessment, or new to the JHH.

Guideline

Structure

Patients are triaged to attend the clinic based on their comorbidities, age, surgery type and surgeon preferences. On the day, patients are initially reviewed by a clinic nurse, either in person or by phone. Health information is gathered through a screening questionnaire and a set of observations is obtained at face-to-face reviews. Letters from specialists and relevant external investigations are obtained.

Patients are then ready for a clinic doctor review.

General Considerations

- See face-to-face patients as a priority, to minimise wait times and enable social distancing in waiting areas.
- If in doubt about any issues, ask the nursing team leader and/or the senior clinic doctor.
- The perioptalk.org website is a useful resource for local guidelines and other perioperative materials.
- Formal anaesthetic consultation (green folders) should be seen by fellows or consultants, although they may provide a useful teaching opportunity for registrars and SRMOs.
- It may be efficient for the patient to wait while a booking is made for an urgent investigation (e.g. TTE). Liaise with the nursing team leader regarding this.

Gather Information

- Screening questionnaire and Observations from Nursing staff
- •DMR including previous anaesthetics (+/- complications) and surgical Outpatients
- •Consultation/Outpatient letters, GP summary, haem/onc notes
- •Investigations (CAP/DMR/External to hospital)
- •RFA including surgeon's specific instructions and Patient Health Questionairre

Meet the patient

- Confirm history, add details
- Medications (2 sources GP summary/patient/discharge summary/referral letter)
- •Screen for other health problems
- Cardiorespiratory, airway and other targeted examination

Discuss

- Anaesthetic options (GA/neuraxial/regional/sedation)
- Risks (including perioperative risk tools for the elderly, comorbid, or frail patients having major surgery)
- Medication management
- Postop care location
- Additional tests or consults needed

Document

- Consider using the electronic anaesthetic chart available at perioptalk.org
- Medication plan (photocopied for patient).
- •Discussion with other anesthetists or surgeon
- •ICU Bed requirement (note reason and Surgeon request on RFA)
- •COVID status including justification for proceeding without test if COVID Orange

Plan

- •Investigations required (Check G+S list on perioptalk.org)
- PIG/cardiology meeting referrals
- Consultations if needed
- •GP f/u if needed
- •Warning Notes (see in-room aide memoire)
- •Return notes to office and liaise with the nursing team leader

Phone consultation specifics

- Confirm that it's an appropriate time to speak with the patient.
- Document on the chart that it is a phone consultation.
- Airway examination info may be transferred from previous anaesthetic records, documented as such.
- Arrange a suitable NSW Health Pathology location for any required bloodwork. G&S must be attended in our local health district cluster to be valid.

Consultation: Dr Paul Healey

References

www.Perioptalk.org

Author: Dr Gabrielle Papeix

Date: 19/3/2021

