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Patient Evaluation and Education

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PreAnesthesia Evaluation

The Process of clinical assessment prior to anesthesia to address issues of perioperative anesthesia care.

- Formulation of plans for intraop anesthesia and periop pain management
- Education of the patient
- Perioperative resource utilization

>Draft ASA Practice Guidelines for Preanesthesia Evaluation, 1997

I.

Patient Evaluation

- Medical
- Psychosocial

Medical Evaluation Criteria

- Healthy ASA I and II
- Stable ASA III ; ASA IV
- Not Chronological Age

>Philip BK. Sem Surg Oncol 1990; 6: 177-83.

Clinical Predictors of Perioperative Cardiovascular Events

Major Predictors:

Unstable coronary syndromes (including acute MI)

Decompensated congestive heart failure

Significant arrhythmias or severe valvular disease

Intermediate Predictors:

Mild angina pectoris

Prior myocardial infarction

Compensated or prior congestive heart failure

Diabetes mellitus

Minor Predictors:

Advanced age

Low tolerance for exercise

Abnormal electrocardiogram (LVH, LBBB, ST - T abn)

Rhythm other than sinus

>Eagle et al. Circulation 1996; 93: 1278-1317.

Metabolic Equivalents of Activity

- 5 METS predictive of adequate cardiac reserve
= Walking 4 miles in 1 hr, social dancing, climbing 1 flight of stairs

Psychosocial Selection Criteria

- Willing To Participate in Perioperative Care
- Reliable To Follow Instructions
- Home Situation Adequate

Adjust by patient & family education, social services planning

>Philip BK. Sem Surg Oncol 1990; 6: 177-83.

Not Appropriate Adult Outpatients:

Unstable ASA PS III or IV

(cardiac, renal, pulmonary, diabetes, endocrine)

Sleep apnea ±

Morbid obesity ±

Malignant hyperthermia ±

Active substance/ alcohol abuse

Psychosocial problems

Patient Evaluation

-A combination of patient & procedure factors

Healthy Patient - Intrusive Procedure

Marginal Patient - Minimal Procedure

Match expertise of YOUR facility, surgeon & staff

PreAnesthesia Evaluation

•Separate visit • Day of Surgery

Evaluate Information in Advance !

- Health questionnaire by patient: written, computer-, internet- based
Telephone health survey, + education by Unit or PACU nurses
Telephone call by anesthesiologist
- Avoid 'routine' testing

Routine Preoperative Testing is Vanishing:

“Routine Testing”:

testing in the absence of history or physical findings

“Indicated Testing”:

indicated by patient state or surgical procedure

Screening for Disease – not appropriate

Will the Result Change the Anesthesia Plan ?

II.

Patient Education:

What do patients want to know? - Educational needs

What do patients need to know? - Informational needs

Patients and their families have a wide range of coping styles

- Information-seeking
- Information-avoiding

Match patient style with information amount to reduce distress
>Klafta J, Roizen M. Anesth Analg 1996; 83: 1314-21.

What Do Patients Want to Know?

- Psychosocial support (reassurance to reduce anxiety)
- Skills training (relaxation techniques)
- Situational information (events and experiences)
- Sensation-discomfort information (what pt will feel□)
- Patient role information (expected patient behavior)

--Patients and caregivers can have different priorities.

>Brumfield V et al. AORN Journal 1996; 64: 941-52.

--Minor side effects are common.

>Philip BK. J Clin Anesth 1992; 4: 355-8.

What Do Patients Need to Know?- Informational needs

- ASA Preoperative Fasting Guidelines
- Preoperative policies:
when to arrive; routine medications; need escort home

Teaching Strategies

- Brochures & printed materials [coloring books]
 - Film, slide show, or videotape
 - Lectures & discussions [telephone]
 - Demonstrations & role playing - children
- >Adapted from Kempe A. AORN Journal 1987; 45: 500-7.

ASA patient education brochure:

ANESTHESIA & YOU: Anesthesia for Ambulatory Surgery

- What is ambulatory anesthesia?
- How will I meet my anesthesiologist?
- What types of anesthesia are available?
- Recovery in the facility: What can I expect?
- Will I have any side effects?
- When will I be able to go home?
- What instructions will I receive?
- Recovery at home: What can I expect?
- Follow-up
- Please Ask Questions!

Ambulatory Anesthesia Teaching Locations

- Surgeon's Office
- Patient's Home
- Pre-Anesthesia Clinic
- Ambulatory Surgery Unit

Use multiple teaching strategies to utilize all these locations

Patient Education Benefits

- Decrease postop complications (eg, deep breathing, leg exercises}
- Decrease pain medication utilization
- Increase compliance with therapeutic regimens
- Reduce patient fears and reduce stress
- Increase patient satisfaction
- ? Decrease anxiety

>Haines N. AORN Journal 1992; 55:573-80.

Patient Evaluation and Education

Goal: To have patients ready to participate in their ambulatory surgery experience

- Medical evaluation
- Psychosocial evaluation
- Educational needs
- Informational needs