

MEMORANDUM 4/26/04

TO: **Faculty Surgeons, NPs, PAs, Surgical Clinics**

FROM: UW Anesthesiology Department Clinical Practices Committee, and  
Scott Springman, MD  
Director, Preoperative Anesthesiology Clinic (PAC)

RE: **Review of Preoperative Assessment Issues:**

- Patients who should visit the Preoperative Anesthesiology Clinic (PAC) before surgery/anesthesia.
- Chart review and phone interview options for patients who are not able to visit the PAC.

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## **I. Patients Who Should Visit the Preoperative Anesthesiology Clinic (PAC) Before Surgery & Anesthesia**

The majority of our patients now come into the hospital on the same day as the surgery. This continuing trend gives us all less time to personally evaluate and prepare the patient for anesthesia and surgery. This also increases the risk of delays and cancellations. The **Preoperative Anesthesiology Clinic (PAC)** is an excellent preparation resource for both you and your patients. Use of the PAC has the following **benefits**:

- Minimizes preoperative delays and/or cancellations due to unprepared or “under assessed” patients.
- Minimizes O.R. turnover time by having PAC personnel review the medical record and investigate medical condition issues rather than the anesthesiologist having to spend extra time between cases.
- Inform patients about their anesthesia care options. Explanation and planning saves time on the day of surgery.
- Provides important information to surgeons and Surgical Clinics about optimum patient preparation.
- Even if the patient will be admitted the night before surgery, preop preparation will be enhanced if the PAC can evaluate him/her.

**To emphasize:** Patients who have not been evaluated by the PAC will take more time to evaluate on the day of surgery, may have increased turnover time for that evaluation, and have a higher risk of cancellation.

The following is a partial list of “**selected**” patients who should personally visit the PAC:

1. American Society of Anesthesiologists “**ASA Physical Status Class 3 or 4**” patients (see next page) This includes: patients with **significant cardiac or respiratory disease**, including recent respiratory infections.
2. You **MUST** consult with us about patients with **pacemakers** and **implanted defibrillators**. You also need to check with us if the patient has other implanted devices such as: **vagal nerve, spinal cord, or deep brain stimulators**. These devices need evaluation and may need reprogramming prior to procedures using electrosurgical units.
3. Patients with “**difficult airway access**” (morbidly obese patients, patients with facial or cervical spine injuries/abnormalities).
4. Patients with “**SPECIAL NEEDS**” (patients who refuse blood products, or others that refuse the usual “standard of care”.)
5. Patients with **latex allergy**
6. Patients with a personal/family history of **Malignant Hyperthermia**, patients with special requests, etc.).
7. Patients with previous “**serious anesthesia problems**”- by history, or by past medical records.
8. Patients who have “**questions regarding anesthesia**”

More information for providers about preoperative assessment is available at the UWHC Anesthesiology Department PAC web site:

<http://www.anesthesia.wisc.edu/Clinic>

If you are concerned about an “issue”, we ask that you speak personally with one of our preop PAC nurses, or speak to an anesthesiologist. You can drop over anytime, or call us.

<b>Preop Clinic Nurses</b>	<b>Pagers</b>	<b>Office #</b>
Irene Boris	4763	2-0870
Kathy Justinger	8456	3-9483
Lori Mainguth	6566	3-1307
Jane Noyes	6827	3-8008

PAC Fax#: 262-7192

You may also E-mail us at: [anesClinic@anesthesia.wisc.edu](mailto:anesClinic@anesthesia.wisc.edu)

## II. Alternatives to a Patient Visit: Chart Review or Phone Call

Many totally healthy patients (ASA PS 1) do NOT need to visit the PAC from a medical standpoint. Some may, however, want to discuss anesthesia options with us. If you have ANY questions about whether to send a patient, please call us. If the patient is not absolutely “healthy”, then at the very least, request that the PAC perform a preoperative “chart review” and/or telephone interview. This will greatly improve everyone’s satisfaction with the entire process and enhance patient safety.

The PAC is located in the Out-Patient Surgery Center area just off the main lobby at F6/2. The hours are 0900-1700 Monday through Friday. Selected questions may also be directed to Dr. Scott Springman- Director of the PAC (pager 6310). If you ever need a patient evaluated and the PAC is not open, please page the anesthesiologist on-call to make arrangements.

### DEFINITIONS & INFORMATION:

#### American Society of Anesthesiologists Physical Status Classification:

PS 1	A normal healthy patient	PAC optional if patient has no questions regarding anesthesia, previous problems, or issues listed above
PS 2	A patient with <u>mild</u> systemic disease	PAC optional; chart review ± phone interview suggested
PS 3	A patient with <u>severe</u> systemic disease	PAC visit <u>suggested</u> ; chart review + phone interview only if patient cannot visit
PS 4	A patient with <u>severe</u> systemic disease, uncompensated (a constant threat)	PAC visit <u>required</u> unless chart review + phone interview approved by PAC or anesthesiologist

The next pages (pdf files) contain information also available at:

[http://anesthesia.wisc.edu/Clinic/providerinfo/testing/basic\\_criteria.html](http://anesthesia.wisc.edu/Clinic/providerinfo/testing/basic_criteria.html)

and

<http://anesthesia.wisc.edu/Clinic/providerinfo/testing/specificdz.html>