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Medical

**PREOPERATIVE ANESTHESIA
PATIENT EVALUATION**

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This medical wing instruction outlines the preoperative evaluation of patients presenting for surgical procedures. This instruction applies to all personnel assigned, attached, or under contract to the 59th Medical Wing for patients with procedures that would be performed within the operating rooms of either Brooke Army Medical Center or Wilford Hall Ambulatory Surgery Center. This instruction does not apply to healthcare operations within the Family Emergency Center. This instruction does not apply to dental procedures performed outside of an operating room. This instruction does not apply to the Air National Guard or Air Force Reserve. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: <http://dpclo.defense.gov/Privacy/SORNs.aspx>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Requests for waivers must be submitted to the office of primary responsibility listed above for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW AFI 33-322, *Records Management and Information Governance Program*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

59 MDWI 44-108 has been revised. Changes include replacing 59 MDW Form 213, *Preoperative Same Day Surgery Checklist* with 59 MDW Form 50, *Pre-Operative/Procedure Registration and Questionnaire*.

1. Patients Presenting for Scheduled Surgery.

1.1. Each patient presenting for surgery will be evaluated preoperatively by a qualified anesthesia provider.

1.2. Patients scheduled to receive only local anesthetic infiltration by the surgeon do not require a preanesthetic interview; however, the surgical service will be required to provide their own qualified personnel to monitor the patient's vitals signs, etc, during the procedure (anesthesia services will not be present or participate unless the patient has undergone an appropriate preoperative anesthesia evaluation).

1.3. All patients requiring anesthesia involvement in the operating room, regardless of type and depth of the planned anesthetic (local, Monitored Anesthesia Care, regional, general), must undergo an appropriate preoperative anesthesia evaluation.

1.4. Surgical informed consent (Essentris electronic consent or other per 59 MDWI 51-302, *Informed Consent and Refusal of Care*, such as 59 MDW Form 164, *Disclosure and Consent - Anesthesia and/or Perioperative Pain Management*) for the required procedure will be obtained from the patient, legal guardian, or the next of kin in every case.

2. Routine Preoperative Evaluation.

2.1. The 59 MDW Form 50, *Pre-Operative/Procedure Registration and Questionnaire*, will be completed in their surgery clinic to determine suitability for surgery at Wilford Hall Ambulatory Surgical Center (WHASC).

2.1.1. The 59 MDW Form 50 asks questions regarding the procedure to be performed, medical history, and administrative information required to create a chart in Essentris for same day surgery at WHASC. The 59 MDW Form 50 will be reviewed by anesthesia prior to the day of surgery to confirm appropriateness of patient and procedure for anesthesia at WHASC. Any additional questions regarding the patient's medical history will be obtained from the patient either by telephone interview or on the day of surgery.

2.1.2. 59th Medical Wing specialty surgical clinics will send the 59 MDW Form 50, DD 2569, *Third Party Collection Program*, and DD Form 2005, *Privacy Act Statement*, to Brooke Army Medical Center Pre-Anesthesia unit for final review and any further preoperative preparations.

2.2. Preoperative evaluation includes a focused record review, medical history, and physical examination. An anesthetic plan is developed and reviewed with the patient including anesthesia risks, benefits, and alternatives. Informed Consent for anesthesia care will be obtained.

2.3. The anesthesia preoperative evaluation will be documented using the Essentris system. A paper preoperative anesthesia evaluation will be used only if Essentris is unavailable and/or for Out of Operating Room procedures.

2.4. Surgical procedures that carry a risk of significant blood loss, requiring Type and Screen, will not typically be performed in the ambulatory surgical setting.

2.5. Preoperative testing should be directed by a targeted history and physical examination. The relevance of any tests should be considered in light of the planned procedure, the patient's comorbidities and the potential to change anesthetic or surgical management.

2.5.1. Clinically-indicated preoperative tests should be completed within two weeks of surgery.

2.5.2. In keeping with recommendations as outlined in the 2012 American Society of Anesthesiologist Practice Advisory for Preanesthesia Evaluation, pregnancy testing will be considered for female patients as indicated by age or history compatible with possible pregnancy.

3. Informed Consent.

3.1. Unless precluded by emergency patient conditions, informed consent is required for all anesthetic procedures.

3.2. Texas Administrative Code (Title 25, **Part 7, Chapter 601**, Rule 601.2, List A: Procedures Requiring Full Disclosure of Specific Risks and Hazards) requires the inclusion of specific risks in the informed consent for anesthesia care as listed below. (As the Texas Administrative Code is subject to change, providers need to ensure consent disclosure is based on the most up to date version.) At a minimum, these risks should be included in the informed consent discussion with all patients. Updated Essentris consent forms should allow these risks to be copied into the Essentris anesthesia consent form.

3.2.1. Epidural: Nerve damage; persistent back pain; headache; bleeding/epidural hematoma; infection; medical necessity to convert to general anesthesia; brain damage; chronic pain.

3.2.2. General Anesthesia: Permanent organ damage; memory dysfunction/memory loss; injury to vocal cords, teeth, lips, eyes; awareness during procedure; brain damage.

3.2.3. Spinal: Nerve damage; persistent back pain; bleeding/epidural hematoma; infection; medical necessity to convert to general anesthesia; brain damage; headache; chronic pain.

3.2.4. Regional Block: Nerve damage; persistent pain; bleeding/hematoma; infection; medical necessity to convert to general anesthesia; brain damage.

3.2.5. Monitored Anesthesia Care: Permanent organ damage; memory dysfunction/memory loss; medical necessity to convert to general anesthesia; brain damage.

3.3. Female patients will be given the opportunity to undergo preoperative pregnancy testing unless the primary surgeon determines not clinically indicated (menopausal/etc).

3.4. A hard copy of the Anesthesia Informed consent will be generated using the Essentris system and the signed copy will be uploaded into the patient's record post procedure.

4. Preoperative Medication. Preoperative medications may be ordered in Essentris at the time of a preanesthetic evaluation by a credentialed anesthesia provider/licensed independent

provider. The desired goal of the premedication is to allay anxiety and discomfort during the preoperative period, and to provide the optimum medical state for anesthetic induction, surgery, and recovery.

5. Case Cancellations. Regardless of the surgical procedure, the type, number, and severity of comorbidities may make certain patients inappropriate for care in an ambulatory surgical setting. When this occurs the anesthesia provider will contact the surgeon to inform him or her that the case needs to be scheduled at a more appropriate facility.

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 44-1, *Medical Operations*, 9 June 2016

59 MDWI 51-302, *Informed Consent and Refusal of Care*, 6 November 2020

Practice Advisory for Preanesthesia Evaluation, 2012, *The American Society of Anesthesiologists, An Updated Report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation*. *Anesthesiology* 2012; 116:1-1.

Prescribed Form

59 MDW Form 50, *Pre-Operative/Procedure Registration and Questionnaire*

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

59 MDW Form 164, *Disclosure and Consent - Anesthesia and/or Perioperative Pain Management*

DD Form 2005, *Privacy Act Statement*

DD Form 2569, *Third Party Collection/Medical Services Account/Other Health Insurance*

Abbreviations and Acronyms

IAW—In Accordance With

WHASC—Wilford Hall Amulatory Surgical Center