Appendix 1

Pre-procedural patient evaluation

Pre-procedural preparation for deep sedation/general anaesthesia should be an anaesthetist-led service working with the gastroenterology team. The focus is on pre-procedural optimisation, risk assessment, consent and post-procedural planning. Pre-procedural anaesthetic assessment should reduce the risk for all patients and identify high-risk patients. A template for pre-procedural assessment outlined is based on AAGBI and NICE guidance on pre-operative testing.

The evolution of the pre-procedural assessment service will have local influence and be procedure specific. The locally based anaesthetic pre-assessment service may be able to support a deep sedation /anaesthesia pre-procedural preparation service, or this may require a de-novo development or be incorporated into other gastroenterology clinical services.

Examples of pre-procedural review, investigations and assessment

- Age
- Height, weight and BMI
- Full Blood Count, Renal Function and Coagulation tests should not be performed as routine unless indicated through the presence of underlying disease or treatments that will influence these tests.
- Respiratory Assessment should not be performed as routine unless indicated through the presence of underlying disease or treatments that will influence tests that can include.
    - Airway assessment
    - Sleep apnoea (STOP BANG)
    - Pulmonary function tests
- Cardiac Assessment: This is not routine unless patient in ASA III/ IV and an ECG not available in the previous 12 months.
- Current drug therapy review
- Anti-coagulation review
- Diabetes management
- Management of anaemia

- MRSA risk
- Pregnancy testing before procedure
- History of tobacco, alcohol or substance use or abuse
- Frailty and cognitive Impairment
- A focused physical examination
- Pre-procedural laboratory testing

Risk assessment

There is no risk assessment tool available to estimate risk during deep sedation procedures. The ASA score is a pragmatic solution, providing an acceptable guide to morbidity.

ASA Status	Elective mortality (%)	Emergency Mortality (%)
ASA 1: Healthy person.	0.00	0.16
ASA 2: Mild systemic disease.	0.002	0.5
ASA 3: Severe systemic disease.	0.035	3.4
ASA 4: Severe systemic disease that is a constant threat to life.	0.32	8.2
ASA 5: A moribund person who is not expected to survive without the procedure.	8.7	9.4

Consent and preparation

- An explanation of the options for deep sedation and/ or anaesthesia
- Pre-procedural fasting and bowel preparation (where appropriate)
- A plan for the perioperative management of anticoagulant drugs, diabetic drugs and other current medications.
- The documentation of details of discussions and consent in the sedation/anaesthetic record.
- Post-procedural care instructions

The high-risk patient

- High-risk patients should be discussed at a multidisciplinary team (MDT) meeting.
- High risk patients should have their expected risk of complications and death estimated and documented prior to intervention.
- Escalation of care to the high dependency or intensive care unit should be planned in the event of peri-procedural complications.