BC CANCER KELOWNA
SINDI AHLUWALIA HAWKINS CENTRE
Provincial Health Services Authority

Pre-Surgical Screening: ANCON/ANREV

Summary of Changes

	NEW	Previous
BC Cancer		

Introduction

- Brachytherapy at BC Cancer- Kelowna utilizes the Anesthesiology services from Kelowna General Hospital on a contractual basis
- KGH Anesthesiologists will complete pre-procedural anesthetic consults or anesthetic chart reviews for all patients booked for a brachytherapy procedure at BC Cancer – Kelowna
- KGH Anesthesiologist will determine if the patient is medically suitable to undergo the procedure in the BC Cancer – Kelowna outpatient facility. The Anesthesiologist will help the patient decide which type of anesthesia is best suited for them- regional or general anesthesia

Focus

- To provide clinicians and staff with guidelines for the identification of patients requiring anesthetic consultation or review prior to procedures at BC Cancer - Kelowna

Health Organization Site Applicability

- This procedure applies to BC Cancer- Kelowna Brachytherapy Program **Directives**
- This procedure applies to all staff at BC Cancer who participate in the pre-surgical screening process
- Registered Nurses working in the Pre-Surgical Screening role are required to complete the standardized regional orientation for Pre-Surgical Screening.
- Registered Nurses working in the Pre-Surgical Screening role are required to review and refer to the PSS Screening Criteria for Anesthetic Consult (Appendix A) and the ASA physical status classification system (Appendix B)

Practice Level

1. Pre-Surgical Screening- Registered Nurse

1.1. Pre-Surgical Screening RN completes PSS call and PSSQ form as per BC Cancer – Kelowna:

Brachytherapy Pre-Surgical Screening Procedure

If unable to complete "Confirmation of Consent" at time of call then note "Unable to confirm consent" in capitals in CAIS note and place 'SIGN Here" flag by the consent box on the PSSQ form

1.2. Pre-Surgical Screening RN reviews the "PSS Screening Criteria for Anaesthetic Consult" (Appendix A) to determine if patient is booked for ANCON or ANREV

1.3. Patients who are deemed stable by PSS RN based on the ASA classification system will be booked for a chart review (ANREV) by anaesthesia

1.4. Clerks and/or nursing will ensure that all bloodwork, ECG's reports, or other related documentation are on the chart as required

1.5. Patients who are deemed higher anesthetic risk by the PSS RN based on the ASA classification system will be booked for an Anesthetic consult (ANCON) with anaesthesia

1.6. Pre-Surgical Screening Nurse will complete ANCON/ANREV chart prep as outlined in the brachytherapy Pre-Surgical Screening Procedure

2. Anaesthetic Reviews (ANREV)- Registered Nurse

2.1. All ANREV charts (including BC Cancer chart and brachytherapy chart for each patient) are given to the Anaesthesiologist for review.

2.2. RN to follow written/verbal orders of anaesthesia during/after review of chart

2.3. Ensure BPMH/medication reconciliation is signed by anaesthesia

2.4. Call or provide patient with a photocopy of the BPMH and review with them

2.5. Provide any other instructions/information as required for patient

2.6. If anesthesia determines need for ANCON based on chart review then RN to book and notify patient.

2.7. RN to update CAIS notes to reflect if patients have PASSED or FAILED their ANCON or ANREV

- If patient PASSED, then brachytherapy clerk is ok to book Brachytherapy
- If patient FAILED, indicate if this is temporary,
    - Temporary fail- the patient needs further testing and will be reviewed again, or permanent
    - Permanent fail- the patient will not be a candidate for brachytherapy at all and the clerk should be looking for further orders from RO about a change in plan

2.8. When further testing is required, make sure to capture the next chart check in CAIS, either as a CHECK in the SIPSS resource list on subsequent PSS days or as another ANREV

3. Anaesthetic Consult (ANCON)- Registered Nurse

3.1. Patient brought into exam room by RN for ANCON.

3.2. RN to document patient's height, weight, and vital signs in the patients chart and note on the brachytherapy chart prep sheet.

3.3. RN to confirm medications as per medication reconciliation form and transcribe onto the BPMH form.

3.4. Relay to anesthesia any changes in health status or medication from the time of Pre- Surgical Screening

3.5. RN to follow written/verbal orders of anaesthesia during/after consult

3.6. Ensure BPMH is signed by anaesthesia

3.7. Provide a photocopy of the BPMH for patient and review with them

3.8. Provide any other instructions/information as required for patient

3.9. If OSAM required, ensure patient understands that a bed will be held at KGH for them and they may need to stay overnight

- Discharge time is normally 0700.
- Patient should bring CPAP machine if they regularly use one
- If other tests required, explain to patient and provide any paperwork

3.10. RN to update CAIS notes to reflect if patients have PASSED or FAILED their ANCON or ANREV

- If patient PASSED, then brachytherapy clerk is ok to book Brachytherapy
- If patient FAILED, indicate if this is temporary,
  - Temporary fail- the patient needs further testing and will be reviewed again, or permanent
  - Permanent fail- the patient will not be a candidate for brachytherapy at all and the clerk should be looking for further orders from RO about a change in plan

3.11. When further testing is required, make sure to capture the next chart check in CAIS, either as a CHECK in the SIPSS resource list on subsequent PSS days or as another ANREV

3.12. Get OSAM orders from RO for patient admission to KGH day of surgery, and give to Clerks

Appendix A: PSS Screening Criteria for Anesthetic Consult

Anaesthetic History:

- ✓ Adverse Reaction to previous Anaesthetic (personal or family)
- ✓ ASA Class 2 with 2 or more mild systemic disease
- ✓ ASA Class 3, 4, or 5
- ✓ Difficult airway history
- ✓ Malignant hyperthermia (personal or family)
- ✓ Patient, Surgeon, or anaesthetist requests consult
- ✓ Pseudocholinesterase deficiency

Cardiovascular:

- ✓ Acute coronary event or Angina
- ✓ Arrhythmia
- ✓ Previous Heart Surgery, angloplasty or stenting
- ✓ Implantation of pacemaker or automated cardioverter/defibrillator
- ✓ Peripheral vascular disease
- ✓ Pulmonary edema (congestive heart failure)
- ✓ Uncontrolled hypertension (no med changes within last year)
- ✓ Valvular disease/Rheumatic fever with murmur and no cardiology consult within 2 years
- ✓ Congenital Heart disease
- ✓ Syncope
- ✓ Exercise capacity less than 4 metabolic equivalents

Respiratory:

- ✓ Asthmatic on medication
- ✓ COPD
- ✓ Obstructive Sleep Apnea (if doesn't use CPAP or machine still requiring adjustments)

*****All Sleep apneas/or queries need ECG**

- ✓ Pulmonary Hypertension
- ✓ Cancer

Neuro:

- ✓ Cancer
- ✓ Cerebral Palsy, MS, Muscular Dystrophy, Myasthenia Gravis
- ✓ CVA, TIAs or RIND if no residual deficits and greater than 1 year no visit required
- ✓ Cancer
- ✓ Developmental Delay or mentally challenged
- ✓ Down's Syndrome
- ✓ Seizure disorder
- ✓ Spinal Cord Injury
- ✓ Psychiatric disease (well controlled excluded)

Metabolic:

- ✓ Diabetes (all pts visits unless well controlled with diet) ****ECG and bloodwork for all**
- ✓ Adrenal Disease
- ✓ Renal Failure, Dialysis
- ✓ Hepatitis/Cirrhosis
- ✓ Morbid obesity BMI over 40 **OSA questionnaire on all BMIs over 35

Musculo-Skeletal:

- ✓ Ankylosing sponylitis
- ✓ Connective tissue disease
- ✓ Lupus
- ✓ Neuro-muscular disease
- ✓ Rheumatoid Arthritis
- ✓ Significant Chronic Pain or narcotic use

Hematological:

- ✓ Anti-coagulant therapy (Warfarin, Ticlid, Plavix) prophylactic ASA or NSAIDS excluded
- ✓ Bleeding Disorder

Obstetrics:

- ✓ Abnormal Pregnancy
- ✓ Placenta Previa, Accreta, Percreta
- ✓ Pregnancy induced Hypertension/diabetes

Gastro-Intestinal:

- ✓ Hiatus Hernia or Reflux
- ✓ Cancer
- ✓ Pancreatic Disease

Pediatrics:

- ✓ Congenital defects
- ✓ Developmental delay
- ✓ All children under 1

Medications:

- ✓ Anticoagulants
- ✓ Oral diabetic medication, insulin
- ✓ MAO inhibitors
- ✓ Patients on Multiple medications

It is occasionally possible to use a previous anaesthetic consult on those patients who have recently been through PSS (within a month to a month and a half) if there have been no changes in health history or medications since last consult if they are coming in for a different procedure.

If you have questions whether this is acceptable or not please discuss with the anaesthetist or supervisor.

Appendix B: ASA Physical Classification System

Last approved by the ASA House of Delegates on October 15, 2014
Current Definitions (NO CHANGE) and Examples (NEW)

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥ 40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

Reference:

National Association of Peri-Anesthesia Nurses (2018). Standards for Practice Resources: Appendix A. Retrieved from http://napanc.ca/index.php/159-membership/159-standards-resources-2018

****Last Page of Document*****

First Issued:			
Approving Body:			
Final Sign Off:	**Name**	**Title**	**Date Signed**
Developed By:	**Name**	**Dept.**	**HO**
Owner(s):	Andrea Knox		
Posted Date:	04/03/2019		
Version:			
Revision:	**Name of Reviser**	**Description**	**Date**