Anesthesia

Preparing the Patient

I. Patient preparation for operation

A. Preoperative evaluation

1. A **comprehensive preoperative evaluation** is critical to the safe administration of anesthetic care.
a. A **thorough history**, including medication usage and prior anesthetic usage, should be obtained.
b. An **examination of airway**, vascular access, and other pertinent anatomy tailored to the anticipated operation should be undertaken.

2. For **patients without preexisting disease**, preoperative screening and testing are determined primarily by age.
a. Hemoglobin or hematocrit may be the only test required in healthy patients younger than 40 years.
b. A **serum pregnancy test** should be obtained for female patients of childbearing age.
c. A **screening chest X-ray and electrocardiogram (ECG)** are obtained for patients who are 40 years or older, unless an indication is found from the history or physical examination, or both.

3. Additional testing may be required when clinically indicated.
a. **Serum electrolytes** must be evaluated in patients with diabetes or renal insufficiency and in patients who are taking diuretics.
b. Coagulation studies (prothrombin time, partial thromboplastin time, bleeding time) must be evaluated in patients who are receiving anticoagulation therapy or have a personal or family history that is suggestive of abnormal bleeding.
c. Additional testing or consultation may be required in patients with evidence of severe coexisting disease, especially those with cardiac, pulmonary, or renal compromise.

B. Nothing by mouth (n.p.o.) status

1. It is customary for patients to abstain from any oral intake except for medications with sips of water for 8 hours before elective surgery. However, the following are **aspiration prophylaxis regimens** for adult patients who are not considered to be at increased risk for aspiration of gastric contents.
a. Solid food is permitted until 6 hours before surgery.
b. Clear liquids (which do not include milk or juices containing pulp) are permitted until 2 hours before surgery.

2. Patients with slowed or incomplete gastric emptying (e.g., those who are morbidly obese, diabetic, or on narcotic therapy) may require longer fasting periods and additional pretreatment with metoclopramide, histamine H_2-receptor antagonists, or sodium citrate. Rapid-sequence induction can be considered in these patients. Maintenance intravenous fluids should be started in n.p.o. in-patients.

C. Medications

1. In-patients can receive **benzodiazepines or narcotics** to alleviate preoperative anxiety.

2. Cardiovascular or other pertinent medications usually are administered on the morning of surgery with small sips of water. Patients who normally receive scheduled insulin doses should instead be placed on sliding-scale insulin, with blood sugars checked every 6 hours while n.p.o.