# 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.

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| --- | --- | --- |
| **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.