

New Horizons in Anaesthesia

Preoperative Assessment & Preparation

Ross Kerridge

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Can we foresee the future?

- **Communication**
- **Computers**
- **Clinical Issues**
- **Corporate Risk & Benefit**
- **Conceptual Frameworks**
- **Competencies**
- **Consumerism**
- **Clinical Governance**
- **Clinical Decision-Making**
- **Counselling**
- **Clinical Leadership**

Foreseeing the future.....

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System-based, Standardised Communication

ISBAR

A standard method of communicating for safe clinical care:

I Introduction

S Situation

B Background

A Assessment

R Recommendation

HUNTER NEW ENGLAND | NSW HEALTH
PRIMARY & COMMUNITY NETWORKS

| | | |
|--------------------------------------|------|-------------|
| PLEASE USE GUMMED LABEL IF AVAILABLE | | UNIT NUMBER |
| SURNAME | | |
| OTHER NAMES | | |
| ADDRESS | | |
| DATE OF BIRTH | M.O. | |

Clinical Communication Guide

| | | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| I Introduction | Date of Call: _____ Time of Call: _____ | |
| | This is (State your name & designation) is that (Verify you are speaking to correct person) I'm calling about (Patient name & location) | |
| S Situation | The situation / problem I'm calling about is: | |
| B Background | Provisional Diagnosis | |
| | Relevant medical history | |
| | Relevant medications | |
| | Resuscitation Status | |
| | Relevant interventions eg. tests, procedures | |
| A Assessment | The patient is assessed as requiring (Circle One) | Clinical Review |
| | The patient requires (circle one) | Immediate |
| | I have assessed the patient and the vital signs are: (Document Below) | |
| | Blood Pressure | Heart Rate |
| | Temperature | S _p O ₂ |
| | BGL | Pain Score |
| | The patient is / is not on Oxygen (Circle One) | |
| | The patient has been on Oxygen at | LPM |
| | The patient has been on the above level of Oxygen for the last | Hrs / Mins |
| | I am concerned about the following | |
| Interventions initiated include: | | |
| R Recommendation / Request | I am recommending / requesting: | |
| | | |
| | | |
| | | |
| Print Name: _____ Signature: _____ Designation: _____ | | |

This document **MUST** be completed and placed in the patient's medical records
Draft 14th December 2009 Version 1.3

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PC-EHR



Nancy Ann Berggren (010150-1118)

Park Allé 4B, 3400 Hillerød



highlight anatomy

Search

 Anatomy DMS M-CMS

Home

History Patient Record

Act 11, 1404, 2441

 admin**Diagnosis**

Diagnosis code : (SK) - Abdominalt pech (EM 207B)

Kind : (SK) - Abdominaldiagnose (A)

Diagnosis time : 2002-10-14T09:30:00

 comment

Act 11, 1419, 2107

 admin**NOTE** produced by Læge Jan Schultz Larsen (gh), CYNÆKOLOGISK AMBULATORIUM, FRIDERICIA
11124025160030496 W CYNÆKOLOGISK AMBULATORIUM Forsundersrapport

Time of ascertainment : 2002-10-14T09:30:00

 admin

Act 11, 1422, 1, 1

 admin[click here to visualize the html content](#)

14.10.02 Forsundersrapport SK 0 CYNÆKOLOGISK AMBULATORIUM CYNÆ

09:50 Slumtdiagn. Sive Frembrt Status tilfart Pt. har lidt om fornyet samtale efter afsluttet fysioterapi. Der er ingen tvivl om, at pt. har ganske betydelige myoser både sv. l. halskæmbunden men også sv. l. abdominalkæften. Et andet lægt flere gange uden at der er fundet andet end myoser. Alt ud alt har der været nogen frulænging i stånden, men pt. bekymrer sig fornuftig ganske meget om, alle hendes symptomer pt. er klar over, at halsmyerne går myoserismerne værre. Har læst nogle aviser af fysioterapeuter og disse hjælper en smule i en kortere tid, grunder dog temmelig meget smertestillende også pga smærter andre steder så har ikke villet tilføje til disse pt. Et udbrud for alle andre år-lager til smærter. Tvangsmålet er, om pt. skal ville have gavn af psykologisk rådgivning. Dette må så gå via e (AFSA/TTES) Bekovret CYNÆ Cyn. ambulante Sedation / analgesi:

SK Sedation / analgesi

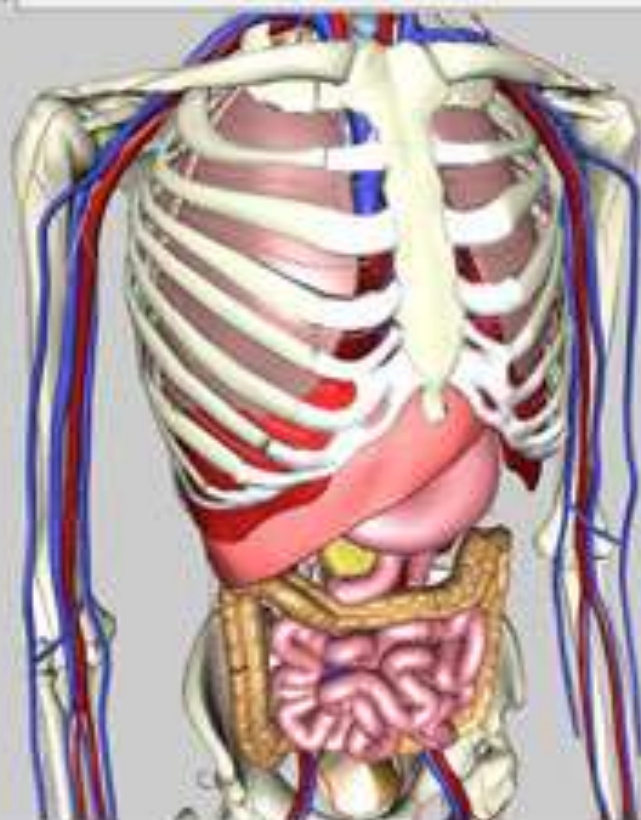
SKS BKA12 Samtale med patient om kombret undersøgelse SKS A ORIGINE Abdominalt pech Us. og Beh.

Jan Schultz Larsen, Læge / rns 2

+ Executed_procedure

[Executed_procedure](#) (Tue Oct 14 10:38:53 CEST 2002 to Tue Nov 18 10:02:54 CEST 2003)[Executed_procedure](#) (Tue Oct 14 10:39:38 CEST 2002 to Tue Nov 18 10:02:54 CEST 2003)

+ Administrative_characteristics

[Administrative_characteristics](#) (Wed May 01 07:11:52 CEST 2002 to Tue Nov 18 10:02:54 CEST 2003)[Administrative_characteristics](#) (Wed May 01 07:11:52 CEST 2002 to Tue Nov 18 10:02:54 CEST 2003)

Layer: Skin

 Visible Transparency

Background: Black



White

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CPET



Passing to a new generation





Coming soon to a Hospital
near you :-

*Patient Blood
Management
‘Guidelines’*



Raising IRON MEN

A Gold Coast mum shares her secrets for raising healthy boys



BRINGING up boys to be confident, capable young men can be a tough job. Just ask Donna Edstein. She helped both her sons realise their dreams of becoming iron men. Her eldest, Shannon, is the reigning World Iron Man Champion, while younger brother Caine is the Coolangubra Gold king and was the Under-19's Iron Man Champion.

Donna played an active role in helping her sons achieve their goals. 'You have to be as committed to their training regime as they are. We did it as a family, so I looked forward to it. I had friends at the club, the boys have still got friends from their ripper days. And I liked what the club did for them - it gave them a routine, a code of ethics and laid foundations for the future.'

Working as a night-duty nurse meant she had afternoons free to help the kids train. 'It's a hard slog, so it's got to be something you want to do. I was fortunate to have a job that let me support them.'

Good nutrition was just as vital. When it came to feeding her iron boys, Donna confesses that she's 'a very basic cook', but made sure the boys had a balanced diet with lots of protein and carbs for energy. Nutri-Grain was kept on hand for breakfasts or between meal snacks.

Donna's greatest tip for mums of aspiring sportsmen is 'just be there. When they lost a heat, I'd say no drama. If something didn't go right, I'd say keep going, get out there next time and give it your best shot. Winning isn't what it's about, there's something good to be gained from participating and it makes you better next time.'

'Most of all, I think that supporting my kids' dreams without suffocating or rallyingcoddling them is what made them strong.'

Helping boys achieve their dreams starts with good nutrition and a healthy lifestyle. Nutri-Grain is high in carbs for energy and one of the highest protein cereals. As part of a balanced diet with regular exercise, Nutri-Grain can help aid growth and muscle development.



TOP: SHANNON C, DONNA EDSTEIN, AND SHANNON EDSTEIN WITH HIS UNDER-19 IRON MAN CHAMPION BROTHER CAINE EDSTEIN, (L), AND DONNA EDSTEIN.

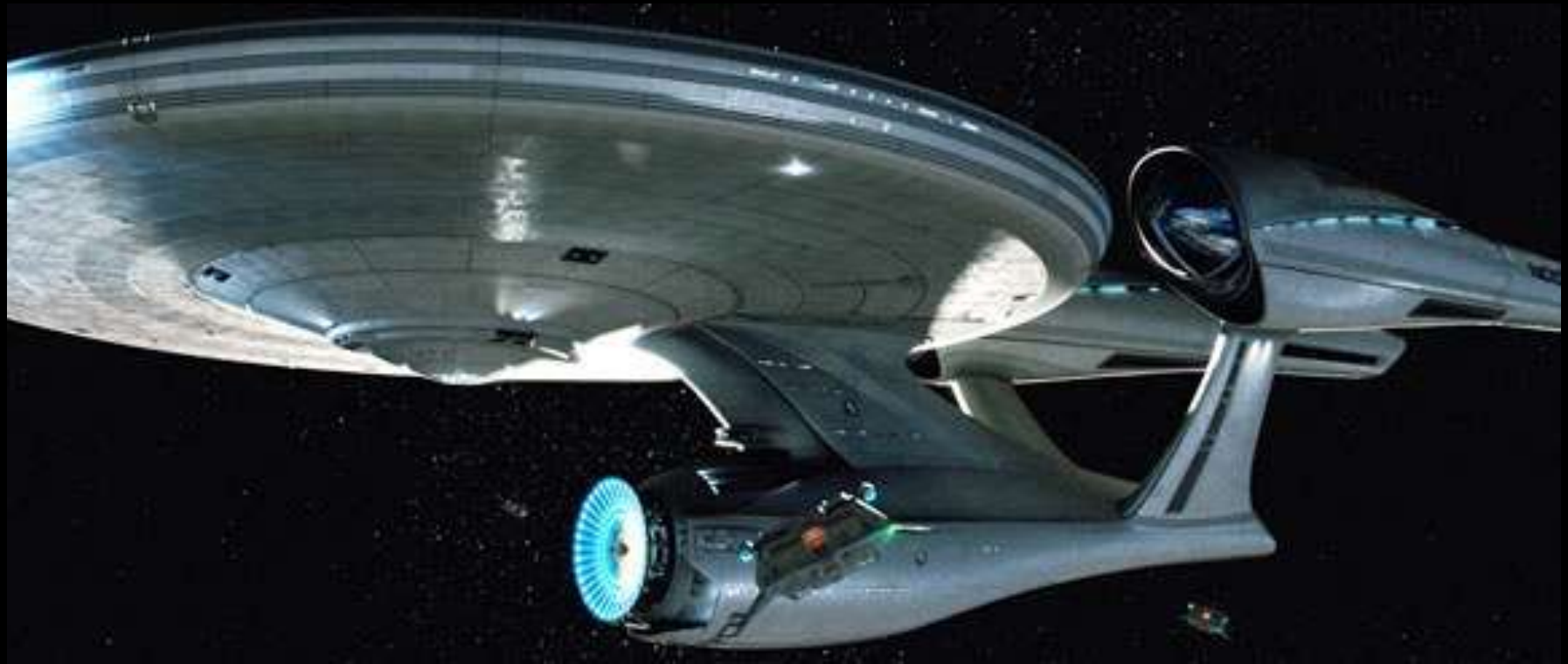


There may be less terrifying alternatives....





*So we agree....stop
clopidogrel for five days*



New Antithrombotics

No Assay.....

No Monitoring....

No Reversal.....

No Therapy.....



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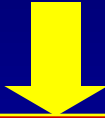


Foreseeing the future.....

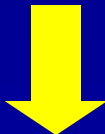
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Traditional Process

**Decision to perform
Procedure**



Inform Patient



Plan Procedure
(I.e. Add to Operating List)



Operate!



Manage the Results

Old System....



“The Final Check” “Gatekeeper”

“Protecting the Patient from the Surgeon....”

'New' Preoperative Systems:- Conceptual Basis

Patient outcomes and efficiency of care are maximised by appropriate (early) preprocedural preparation.

- Avoiding adverse outcomes
- Avoidance of cancellations
- Reducing time in hospital both pre- and post-procedure.

Increasing Complexity

- surgical procedures more & more specialised;
- patients are sicker with more comorbidities,
- need to address patient preferences and other patient factors,
- the complexity of managing the hospital system requirements,

requires a system integrating all these dimensions

Medical Information

- Health Status
- Social Support

Surgical Requirements

- Equipment
- Other Resources

Collation, Analysis
& Integration of
Information for
every patient

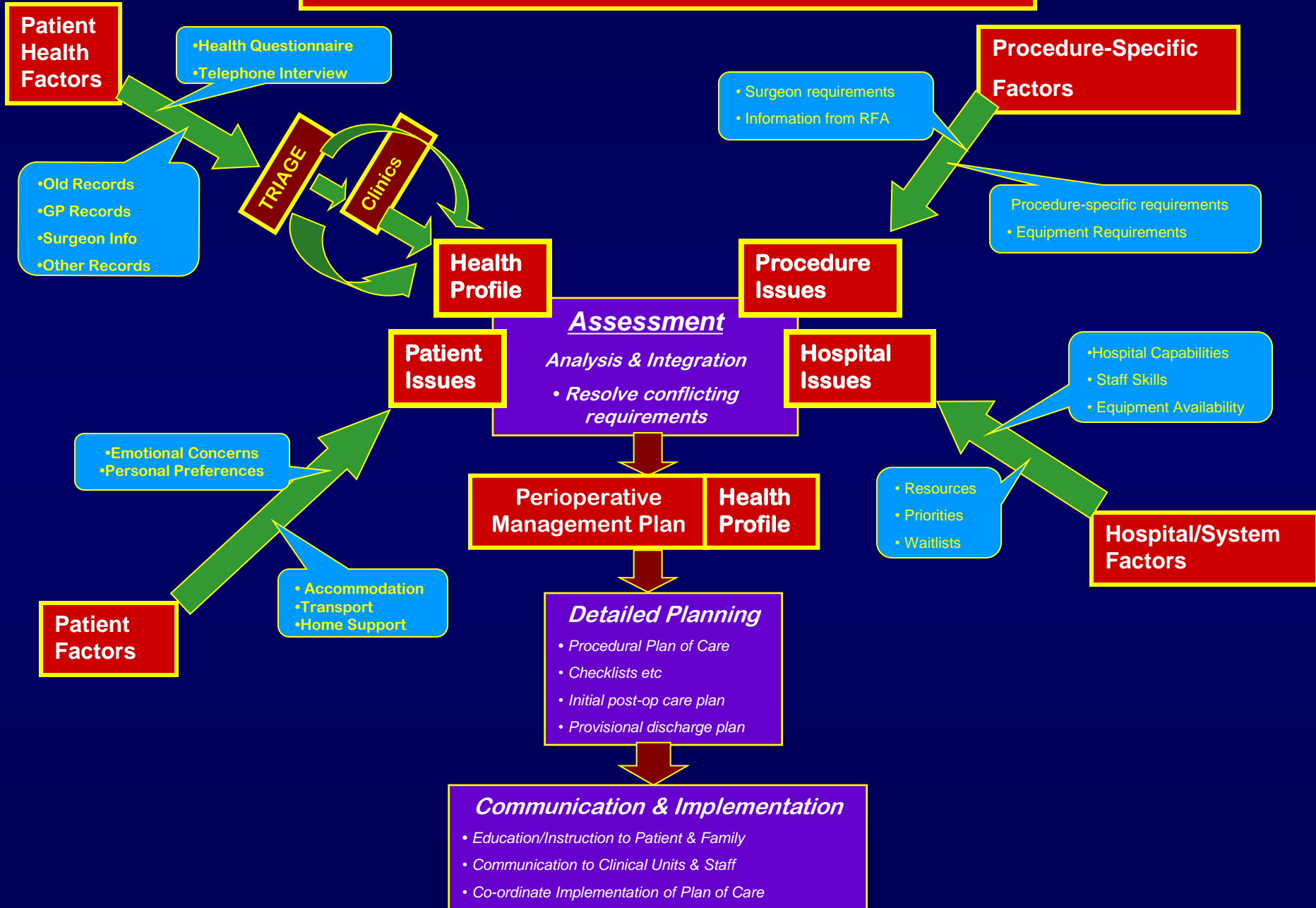
Patient

- Preferences
- Expectations

Hospital

- Resources
- Targets/KPIs

Perioperative Process Framework



New System....



“Communicating.....”

“Planning the Journey.....”

“Working together.....”

The Key Steps of the PreProcedural Process

■ Gather Information

- Patient Health; Procedure; Hospital/system; Personal
- Collation & Documentation of Information

■ Review Patient Health

- Identify potential to improve patient's health status
- Optimise the Patient's Health as much as realistically achievable in the timeframe available

■ Analyse/Integrate *(four perioperative dimensions)*

- Assess the risks and benefits associated with planned procedure
- Consider alternative perioperative management options and/or procedures.

■ Decide on perioperative management plan.

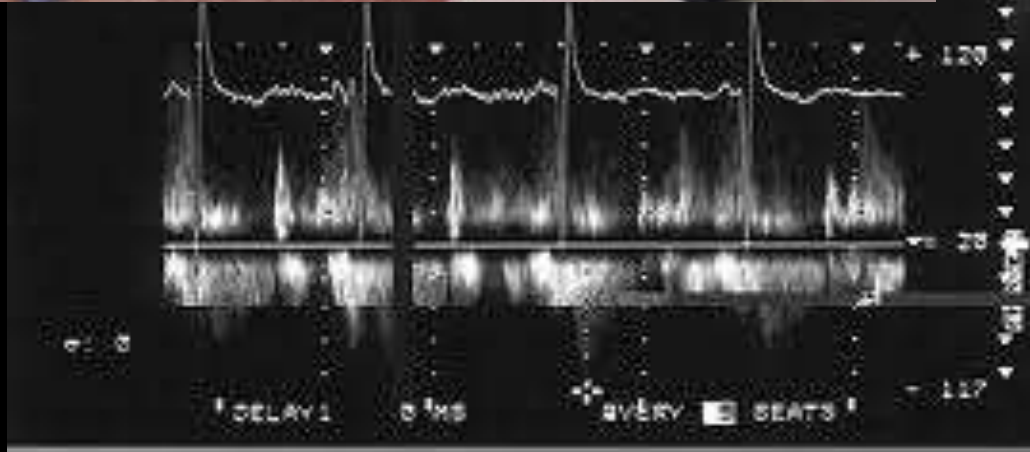
- Resolve conflicting requirements.
- **Decide on plan of care**
- Identify possible undesired events or 'complications' that may occur perioperatively
- Plan detection and treatment of 'complications' if they do occur.
- **PostProcedural Discharge Planning**

■ Explain/Educate/Implement/Evaluate

- Communicate plan to patient/proceduralists/theatre staff surgeon

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Hmmm...I need
to order a Stress
Echo and a
Sesatmibi

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Consumerism in medicine



WEEKEND HERALD H1

Phone: 4670 0000

SATURDAY, JANUARY 10, 2008

\$2 (GST INC)



KATE'S JETS DREAM

LEAGUE OF HER OWN

REPORT: PAGE 3
PREVIEW: SPORT



PLUS

HALLELUJAH

WEEKENDER
IN H2

DAWN FRASER'S
WINNEBAGO BLUES

SAFARI ENDS IN COURT

REPORT: PAGE 7



SEAN CARLEY

Former mayor on sex charge

By David Rowe

FORMER mayor of Lake Macquarie Douglas Carley appeared in court yesterday charged with the aggravated indecent assault of a 13-year-old boy.

Carley, a former school teacher, was charged with indecently assaulting a 13-year-old boy in 2003, Newcastle Local Court heard.

Now 53, Carley was Lake Macquarie mayor from 1996 to 2001.

Carley, who holds New South Wales, Australian and British passports, was charged last Wednesday.

A police statement handed to the court during Carley's bail application said the infant defendant, now of Hamilton, told the charges related to his fall in November 2003 had been ongoing "for some time, even over a year".

At the trial, Carley went to the toilet while the boy sat on a toilet. When he returned, the boy asked for help with "his little present" - the most heard.

Carley allegedly pulled the boy's shorts and underwear down to his ankles. He then inserted the boy's penis.

The alleged victim insisted his penis was not cut. "I don't want you to do that".

Continued Page 2

LEFT ALONE TO MISCARRY IN HUNTER HOSPITAL TOILET



Jodie's baby agony

I had the baby in my hands. I had no other option but to dispose of the baby in the toilet.

By Nicole Williams
Special Reporter

A 2004 MOTHER who was pregnant for 14 weeks did not get a chance to hold her baby in a hospital toilet after a miscarriage. She was left alone in the bathroom and forced to see her baby return to the toilet. She had no other option but to dispose of the baby in the toilet, the woman said. She was not offered counselling or help when she left the hospital.

HOW COULD IT HAPPEN AGAIN

REACTION: PAGES 4, 5

At the hospital on December 20, Hunter New England Health chief executive Dr David Lowe questioned the circumstances when Mrs Williams was treated. She had to watch her

Continued Page 6



HOUSE_{M.D.}

FOX



Medico-Legal Actions are a failure of Consumer Focus

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SUBMIT YOUR CASE



BRONX, NY MEDICAL MALPRACTICE LAWYERS

Modern medicine combines the latest technology with the skill of highly trained physicians who diagnose and treat patients. But doctors are human and they make mistakes. When they do, patients can suffer serious, life-changing injuries.

If you've been harmed by the mistake of your healthcare provider, the Bronx, New York law firm of Schwartzapfel Partners P.C. can explain your legal options and help you obtain the money you need for a full recovery. Contact us at **1.800.966.4999** or fill out our [online contact form](#) for a free case evaluation. We will fight for you!

Hospitals in the
BRONX



LEGAL TEAM
GET TO KNOW US

Duane Fiedler

[Duane Fiedler](#) concentrates in Medical Malpractice and Negligence Litigation. He serves as trial counsel for Schwartzapfel Partners P.C. in medical malpractice cases. A trial lawyer with 30 years of experience in New York courts, Fiedler is a past member of the New York State Trial Lawyers Association Medical Malpractice Committee.

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Reengineered systems for patient evaluation



After you have completed this page please press the **Submit** button found at the bottom of the page.

| | |
|-------------------------------------------------------|-------------------------------------|
| What is your weight?: | <input type="text"/> kg |
| What is your height?: | <input type="text"/> cm |
| Do you have high blood pressure?: | No <input type="button" value="v"/> |
| Are you overweight?: | No <input type="button" value="v"/> |
| Have you ever had a heart attack or heart surgery?: | No <input type="button" value="v"/> |
| Do you have heart disease: | No <input type="button" value="v"/> |
| Do you have an irregular heart beat or palpitations?: | No <input type="button" value="v"/> |
| Have you ever had a stroke: | <input type="checkbox"/> Yes |
| Do you get angina or chest pain?: | No <input type="button" value="v"/> |
| Do you have anaemia?: | <input type="checkbox"/> Yes |
| If you have had rheumatic fever in | <input type="checkbox"/> Yes |



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We are engaged in Clinical Governance— whether we like it or not

www.theaustralian.com.au

Doctors 'shielded Butcher of Bega'

Adam Cresswell

ANAESTHETISTS and other doctors who assisted the surgeon accused of mutilating scores of women may be next in the firing line, as campaigners vowed to track them down for failing to bring his activities to light.

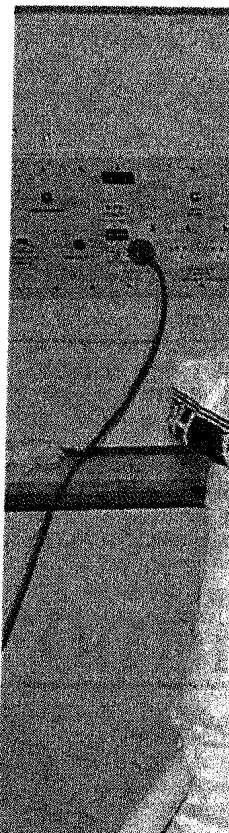
NSW Health Minister Reba Meagher yesterday said her Government would take full respon-

from passing on details of the ban to his new employer.

But yesterday Lorraine Long, founder of the Medical Errors Action Group, which blew the whistle on Mr Reeves, revealed the search was widening to seek out other doctors who might have turned a blind eye.

"We are compiling the data (of complaints) and going back

Traw

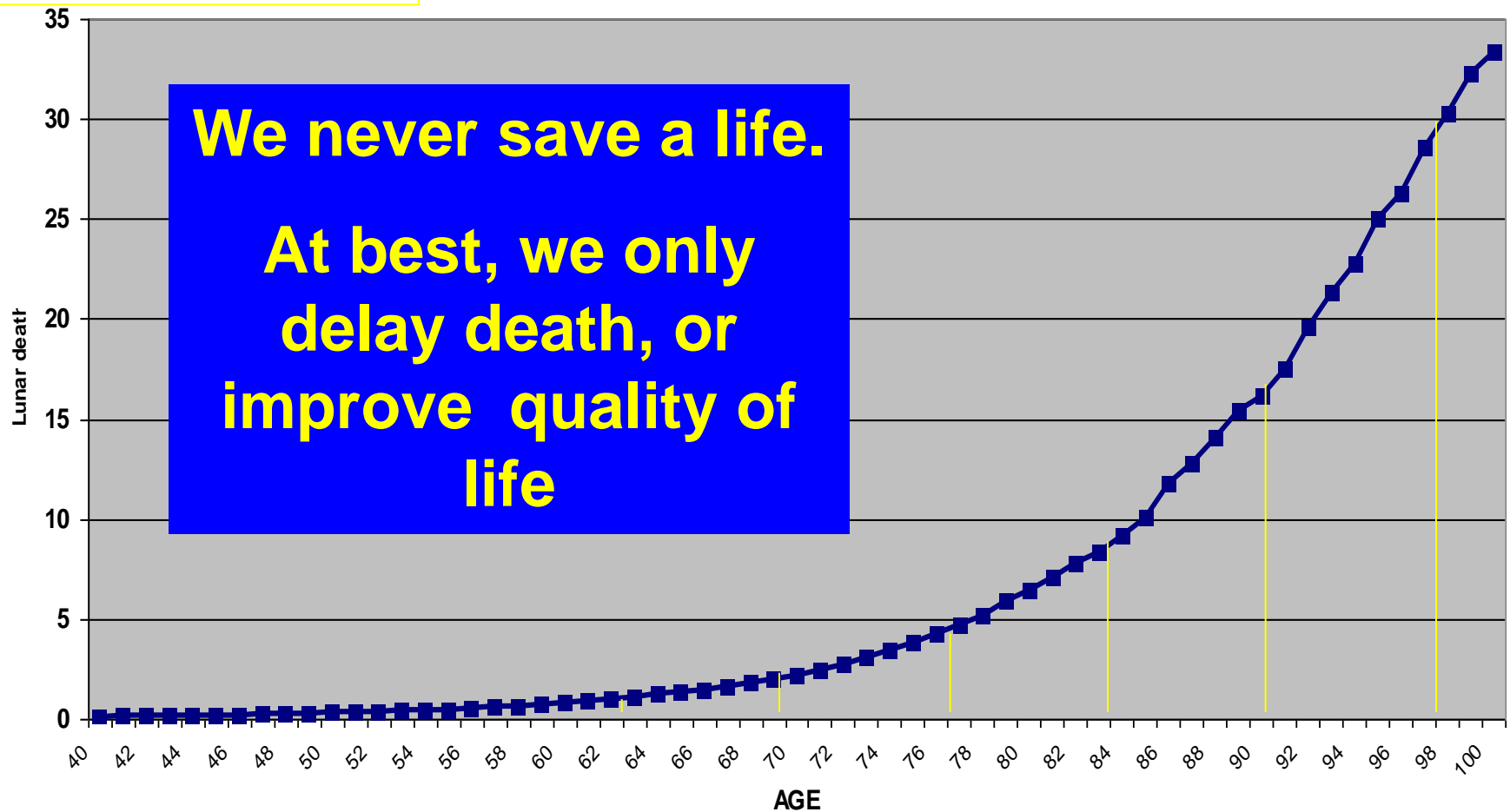


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Clinical Decision Making & Life Expectancy

Deaths/1000/Month



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The 'High-Stakes' Consultation




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ABC of Clinical Leadership

Edited by Tim Swarwick and Judy McKimm



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