A useful mnemonic for pre-anesthetic assessment

Sir,

Assessing patients preoperatively is an important starting point to formulate effective anesthetic plan. Pre-anesthesia assessment includes a good history, a physical examination, and any indicated laboratory tests. The task of gathering necessary information and sharing that information among various providers is important. As outpatient anesthesia is becoming more popular with the majority of patients coming to the hospital shortly before undergoing a procedure, pre-anesthetic assessment has become more challenging. Moreover, there is a possibility of incomplete checkup due to anesthesiologist's busy schedule or when the case is presented at odd hours. This leads to missing of certain components of assessment, which becomes apparent only when the problem arises. The Australian Incident Monitoring Study database found that 11% of reports identified inadequate or incorrect preoperative assessment (478 of 6,271) or preoperative preparation (248 of 6,271).[1]

The guidelines of the American Society of Anesthesiologists (ASA) indicate that a preanesthesia visit should definitely include the following:[2]

- An interview with the patient or guardian to review medical, anesthesia, and medication history
- An appropriate physical examination
- Review of diagnostic data (laboratory, electrocardiogram, radiographs, consultations)
- Assignment of ASA physical status score (ASA-PS)

The only solution to effective pre-anesthetic checkup is the use of good mnemonic that covers all aspects of pre-anesthetic assessment completely. The mnemonic is A_2, B_2, C_2, D_2, E_2, F_2, and G2. This mnemonic is unique because it follows an order based on the degree of significance of components of pre-anesthetic assessment.

A - Affirmative history: The history of present surgical condition with the details of progression to present state. Details of past illness and treatment should be elicited.

A - Airway: Perform detailed airway examination and have a plan for airway management. Always have plan B in case plan A fails.

B - Blood hemoglobin, blood loss estimation, and blood availability: Check for hemoglobin level and take measures to improve the same. Assess the requirement of blood based on expected blood loss and preoperative hemoglobin. Ensure availability of blood.

B - Breathing: Look for respiratory rate, pattern, and dyspnea.

C - Clinical examination: Assess pulse volume, rhythm, and blood pressure. Do detailed systemic examination. Assess effort tolerance.

C - Co-morbidities: Look for co-morbid diseases like diabetes, hypertension, asthma, and epilepsy and optimize the end organ problems.

D - Drugs being used by the patient: Elicit the details of current drug therapy and allergies to plan anesthesia.

D - Details of previous anesthesia and surgeries: Elicit the details of previous anesthesia and surgeries to anticipate anesthetic difficulty.

E - Evaluate investigations: Look for appropriate investigations that would guide anesthetic management.

E - End point to take up the case for surgery: End point to take up the case for surgery should be decided to avoid unnecessary postponement if further optimization is not possible.

F - Fluid status: Follow fasting guidelines appropriate to the age and surgery.

F - Fasting: Advice adequate duration of fasting for that particular age to prevent aspiration.

G - Give physical status: Assign a physical status classification.

G - Get consent: Discuss the surgical problems and the anesthetic risk with the patient and relatives to obtain appropriate consent.

The authors hope that this mnemonic will provide an effective tool during the pre-anesthesia assessment. This should also help anesthesiologists serve as better perioperative medical physicians with a focused knowledge to evaluate and successfully manage medical complexities related to anesthesia and surgery.

V. R. Hemanth Kumar, Ashish Saraogi, S. Parthasarathy, M. Ravishankar

Department of Anaesthesiology and Critical Care, Mahatma Gandhi Medical College and Research Institute, Pondicherry, India

Address for correspondence: Dr. VR Hemanth Kumar, Department of Anaesthesiology and Critical Care, Mahatma Gandhi Medical College and Research Institute, Pondicherry - 607 402, India.
E-mail: drvrhk@gmail.com

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