



Pre-anesthetic Assessment 麻醉前評估(英文)

The instructions and explanation for the first pre-anesthetic assessment are very important. These instructions include the type of anesthesia, risks of anesthesia, possible complications, and possible alternatives.

The hospital establishes the pre-anesthesia outpatient clinic for the patients and family to communicate with the anesthesiologist. The anesthesiologist will conduct the first pre-anesthetic assessment before the operation. The anesthesiologist recommend types of anesthesia, possible potential risks, possible alternatives, and give the consent of anesthesia after the assessment.

You should visit the anesthetic clinic when deciding to receiving the operation. The doctor would answer your questions about the anesthesia, so that you will have sufficient time to discuss with the family.

Assessment of Disease History and Medication

- At the anesthetic clinic, the anesthesiologists will ask you to fill out the Pre-Anesthesia Assessment Form. Please reply with true responses such as if you have received anesthesia. If so, which type of anesthesia? Have you encountered complications or any discomfort after anesthesia? Have you had any cardiovascular diseases, pulmonary disease, liver disease, renal and urinary disease, blood disease, diabetes, cerebral nerve system pathology, autoimmune disorder or other metabolite diseases?
- Moreover, the physician needs to understand your use of current medication and whether you have history of medicine allergy.
- The physician needs to know if your family suffers any complication related to anesthesia, if there is any family medical history, or have smoking, drinking and betel nut chewing habit.

Respiratory Tract Assessment

The anesthesiologist will ask patients to open the mouth for basic examination during the assessment. The following conditions are patients susceptible for potential respiratory tract obstruction and difficulty with intubation:

- The mouth can open but could not see the pharynx and uvula.
- Facial injury or history of facial surgery.
- Short neck or inward chin with protruding upper jaw. Mouth opens in less than 3cm.
- Stiff neck that prevent leaning forward or bending backward.
- Obesity.
- Sleep Apnea.

The abovementioned conditions could involve potential risks of hypoxia and require deliberate evaluation and handling. Naturally if some anesthesiologist ever told you that you are patient with difficulty for intubation, you must inform the anesthesiologist in order to take proper preparation and prevention measures.

Dental Status Assessment

Anesthesiologists will need to apply the laryngoscope for intubation. However it is nearly impossible to completely avoid contact with the teeth during intubation and the teeth could even be damaged or fall. In some cases, the teeth could even fall into the esophagus or trachea.

Although most patients or family could understand the situation, it will still require some explanation and coordination.

Cardiopulmonary function and other physical examination and assessment

Anesthesiologist will perform physical examination at clinic. In addition to the basic examination, the anesthesiologists may arrange examination of the cardiopulmonary function related to anesthesia and hence will auscultate for any abnormal breath if there is arrhythmia or heart murmur.

Post-Operative Pain

The anesthesiologists care about your post-operative pain and will explain the use of Intra Venous Patient Controlled Analgesia (IVPCA) device, Epidural Patient-controlled analgesia (EPCA) device or nerve block if necessary, in order to reduce post-operative pain, improve post-operative health recovery.

Secondary Assessment

For precaution, anesthesiologist will conduct secondary assessment before the induction of anesthesia.

The secondary assessment will take reference on the latest examination report, heartbeat, blood pressure and oxygen saturation, which could change the consideration and plan of anesthesia from the first assessment. Family could be consulted again for any new findings.

The patients will undergo the induction of anesthesia after the secondary assessment.

若有任何疑問，請不吝與我們聯絡
電話：(04) 22052121 分機 3552

HE-20140-E