

How to refer patients to the Perioperative Care Clinic for anesthesia evaluation:

For patients with complex medical history or someone whom you feel anesthesia may want to know about ahead of time for appropriate staffing, I encourage you to refer them to the Perioperative Care Clinic (previously known as PAT, Pre-Admission Testing Center). Placing an [electronic referral](#) would be ideal. Under "Orders", type "[refer anes](#)", select "Referral to General Anesthesiology," "MHMH Pred Admit Test", and "Consult, Test & Treat." Please also outline your concerns for the referral to guide our evaluation (as well as specify the planned procedure if it has not been booked yet, and preference for GA/MAC, positioning if relevant). Screenshot below.

In general, patients with significant cardiopulmonary disease, end stage liver and kidney disease, potential airway issues and any history of anesthesia complications would benefit from being evaluated at our clinic either through chart review or interview. Early referral would help ensure we have sufficient time to request records and any additional testing.

We call the patient to schedule an appointment within 24hrs. The referral would trigger an appointment with Anesthesia either in person, TeleHealth or by phone.

For urgent consults within 24hr, you could call the clinic at 603-650-8596.

Referral to General Anesthesiology ✓ Accept ✗ Cancel

Class:

Referral: By provider: CHOW, VINCA W [212900]

To dept:

To provider:

Reason:

Priority:

of visits:

NEED MEDICINE CONSULT AS WELL?

! My question or request is:

Process Inst:

Comments:

Show Additional Order Details

! Next Required ✓ Accept ✗ Cancel

Guidelines for Whom to Refer for Anesthesia Consult:

- Patients with cardiopulmonary diseases that appear suboptimally managed, frail
 - Recent CHF/COPD exacerbations
 - Weight gain, orthopnea, worsening dyspnea
 - Abnormal vital signs
- *these patients would also likely benefit from a referral to **General Internal Medicine**, specify in comments "**Consult to Peri-Operative Medicine**". While we at the PCC would also

place a GIM referral when appropriate, scheduling would be delayed until after the patient is seen by us.

- Patients with seemingly well-controlled cardiac problems or vascular disease with no recent testing on eDH (~within 2-5 years depending on severity)
- Poorly controlled diabetes (also benefit from Peri-Operative Medicine referral)
- Patients with minimal records on our system and no updated problem list (especially VA patients, records requisition is very delayed)
- Chronic opioids or SUD therapy
- Neuromuscular or rare genetic disorders (with moderate degree of dysfunction, airway concerns, cardiac associations, anesthesia implications)
- History of problems with anesthesia
- Airway concerns