



Before the OR: Presurgical & Preanesthesia Assessments

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Learning Objectives



- Describe the different components of the pre-surgical assessment
- Understand history and physical (H&P) requirements
- List the practitioners permitted to perform each component
- Review a sample of pre-surgical assessment documentation



Pre-Surgical Assessment | 3 Components

1



**History and
Physical
(H&P) Exam**
(if required)

2



**Physician
Pre-Surgical
Exam**

3



**Physician or
Anesthetist
Pre-anesthesia
Exam**



Pre-Surgical Assessment

1



History and Physical (H&P) Exam *(if required)*



CMS

Conditions for Coverage



§416.52(a) Standard: Admission and Pre-surgical Assessment

- (1) The ASC must develop and maintain a policy that identifies those patients who require an H&P prior to surgery
- (4) The patient's H&P (if required) must be placed in the patient's medical record prior to the surgical procedure

This is part of the pre-surgical assessment.



History & Physical (H&P) Policy

§416.52(a)(1)(i)(ii)(iii)

The policy must:

- (i) Include the **timeframe** for the H&P to be completed prior to surgery
- (ii) Address the following **factors**:
 - Patient Age
 - Diagnosis
 - Type and number of procedures scheduled to be performed on the same day
 - Known comorbidities
 - Planned anesthesia level
- (iii) Be based on any **applicable nationally recognized standards of practice and guidelines**, and any **applicable state and local health and safety laws**



Pre-Surgical Assessment

2



Physician Pre-Surgical Exam



CMS

Conditions for Coverage



§416.52(a) Standard: Admission and Pre-surgical Assessment

- (2) Upon admission, each patient **must have a pre-surgical assessment completed by a physician who will be performing the surgery or other qualified practitioner** in accordance with applicable State health and safety laws, standards of practice, and ASC policy

Review/update of the H&P (if required) is considered a component of this requirement

- (3) The pre-surgical assessment **must include documentation of any allergies to drugs and biologicals**

This information may be obtained from the H&P

2



CMS

Conditions for Coverage



§416.42(a) Standard: Anesthetic Risk and Evaluation

- (1) Immediately before surgery –
 - (i) A physician must examine the patient to evaluate the risk of the procedure to be performed;

This is part of the pre-surgical assessment.

2



Physician Pre-Surgical Exam

§416.42(a)(1)(i)

An H&P is not a pre-surgical exam or assessment!

- The purpose of the exam immediately before surgery is to evaluate, based on the patient's current condition, whether the risks associated with the surgical procedure fall within an acceptable range
- The examination must be specific to each patient
- **The physical exam immediately before surgery is a required component of the pre-surgical assessment**

2



Pre-Surgical Assessment

3



Physician or Anesthetist Pre-Anesthesia Exam



CMS

Conditions for Coverage



§416.42(a) Standard: **Anesthetic Risk and Evaluation**

- (1) Immediately before surgery –
 - (ii) A physician or anesthesiologist as defined at §410.69(b) of this chapter must examine the patient to evaluate the risk of anesthesia

3



Pre-Anesthesia Exam

§416.42(a)(1)(ii)

Policies and Procedures must address:

- Completed just prior to every surgical procedure by a physician or an anesthetist
- The criteria used to conduct the risk assessment - *most common: ASA Physical Classification*

ASA PS I	Normal healthy patient
ASA PS II	Patient with mild systemic disease
ASA PS III	Patient with severe systemic disease
ASA PS IV *	Patient with severe systemic disease that is a constant threat to life
ASA PS V *	Moribund patient who is not expected to survive without the operation
ASA PS VI *	Declared brain dead patient whose organs are being removed for donor purposes

**Typically, patients with an ASA PS of IV or more are inappropriate for the ASC*

3



Pre-Anesthesia Exam

§416.42(a)(1)(ii)




An H&P is not a pre-anesthesia exam or assessment!

- The Pre-Anesthesia Exam is a required component of the pre-surgical assessment

3



Authorized Practitioners

§416.52(a)(2) §416.52(a)(3)	Pre-Surgical Assessment	Physician who will be performing the surgery or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy	
§416.52(a)(1) §416.52(a)(4)	H&P Exam and/or review/update of H&P <i>(if required)</i>	Physician or other qualified licensed individual practitioner	
§416.42(a)(1)(i)	Pre-Surgical Exam	Physician	
§416.42(a)(1)(ii)	Pre-Anesthesia Exam	Physician or Anesthetist	



Definitions

Physician	Anesthetist	Other Qualified Practitioner
<ol style="list-style-type: none">1. doctor of medicine or osteopathy2. doctor of dental surgery or of dental medicine3. doctor of podiatric medicine4. doctor of optometry*5. chiropractor*	Includes both an anesthesiologist's assistant and a CRNA	A non-physician whose services are both covered by Medicare and included in their scope of practice (i.e., PA, CRNP)
Social Security Act, Section 1861(r) <i>*restrictions apply</i>	Code of Federal Regulations §410.69(b)	Social Security Act, Section 1852



Sample Documentation

§416.52(a)(2) §416.52(a)(3)	Pre-Surgical Assessment	<i>The H&P for this patient was reviewed. No updates were required at this time. The patient is allergic to Ciprofloxacin (rash).</i>
§416.52(a)(1) §416.52(a)(4)	H&P Exam and/or review/update of H&P (if required)	<i>Reviewed by J. Smith, MD and S. James, CRNA. No updates required at this time.</i>
§416.42(a)(1)(i)	Physician Exam to evaluate surgery risk immediately prior to surgery	<i>The patient was examined immediately prior to surgery by J. Smith, MD. The findings of this exam were <review of systems>. The patient is an appropriate risk for the planned procedure.</i>
§416.42(a)(1)(ii)	Physician or Anesthetist Exam to evaluate anesthesia risk immediately prior to surgery	<i>The patient was examined immediately prior to surgery by S. James, CRNA. The findings of the exam were <review of systems>. The patient is an ASA PS <I, II, or III> and is an appropriate risk for the planned anesthesia.</i>

All the components of the pre-surgical assessment can be conducted by one practitioner, if that practitioner is an MD.



Survey Preparation Questions

Pre-Surgical Assessment

- Is the pre-surgical assessment completed by a physician or other qualified practitioner?
- Does the pre-surgical assessment include documentation of the patient's allergies to drugs and biologicals?



Survey Preparation Questions



History & Physical

- Is your H&P policy consistent with CMS or state laws, or nationally recognized standards of practice/guidelines?
- Does medical record review demonstrate you follow your H&P policy?
- Are H&Ps always placed in the medical record prior to surgery?
- Do your records clearly show both an H&P (if required) and pre-surgical assessment?



Survey Preparation Questions



Pre-Anesthesia Exam

- Does medical record review demonstrate a pre-anesthesia exam (ROS, ASA PS) was conducted by a physician or anesthesiologist?
- Do you have a current policy regarding the pre-anesthesia exam? (may be part of the pre-surgical assessment policy)
- Review your pre-surgical assessment and patient selection/criteria policies. Do you follow them?



Survey Preparation Questions



Pre-Surgical Exam

- Does medical record review demonstrate a surgical exam was conducted by a physician?
- Do you have a current policy regarding the pre-surgical exam? (may be part of the pre-surgical assessment policy)
- In cases where a patient died or was transferred to the hospital, were these policies followed?
- Can you think of a time the patient's surgery was cancelled due to the pre-surgical assessment?



Compliance & Operations Form Samples > Medical Record Forms

Available to
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History and Physical Forms

- Outside Provider
- Surgeon Pre-Op
- Surgeon Pre-Op (Ophthalmology)

*THIS DOCUMENT EXPIRES 90 DAYS AFTER THE PROVIDER HAS SIGNED IT.

For questions, please contact [insert contact info](#)
Return completed form to [insert email, fax, etc](#) by: _____

Date of Surgery: _____ Surgeon: _____
Patient Name: _____ Age: _____ Birth Date: _____
Surgery to be performed: _____
Chief Complaint: _____
Allergies/Reactions: ☐ NKDA _____
Medication with Dosage: _____
Medical History: _____
[insert exclusion criteria below](#)
☐ current smoker ☐ COPD ☐ valvular disease ☐ pacemaker/AICD
☐ MI/stent(s)/bypass last 6 months ☐ O₂ therapy ☐ low ejection fraction ☐ CVA/seizure last 6 months
☐ SOB w/ activity ☐ angina ☐ dialysis/ESR
Infections/Infectious Diseases: _____
Surgical History: _____
Pertinent Family & Social History: _____
Systems Review:
HEENT: _____ Cardiac: _____
CNS: _____ Pulmonary: _____
Musculoskeletal: _____ GI: _____
GU: _____ GYNE: _____
Physical Exam:
Mental Status: _____ BP: _____ HEENT: _____
Neck: _____ Abdomen: _____ Extremities: _____
Height: _____ Weight: _____
Heart: _____
Lungs: _____
Labs Ordered: _____ ☐ N/A
Impression: _____
Provider Signature: _____ Date: _____
Practice Name: _____ Phone: _____
To be completed by surgeon:
Patient re-examined immediately prior to surgery and is an acceptable risk for planned surgery and anesthesia.
Surgeon Signature: _____ Date: _____

Patient Name: _____ Surgeon: _____ DOS: _____
Primary Dx: _____ Secondary Dx: _____
Planned Procedure: _____ ☐ RIGHT EYE ☐ LEFT EYE
Planned Anesthesia: ☐ Topical/MAC ☐ Block/MAC ☐ Local Only Hx of Complications: ☐ Yes ☐ No
Chief Complaint: _____
History of Present Illness
This patient is a _____ year old M/F with a history of decreased VA for the past _____ years. Over this period, his/her vision has decreased to the point where it affects their ability to perform daily life activities. The patient wishes to have Cataract Surgery for the visual rehabilitation of his/her ☐ RIGHT EYE ☐ LEFT EYE
Allergies: _____ ☐ NKDA
Medications: _____
Previous Surgeries: _____
BP: _____ HR: _____ RR: _____ SpO₂: _____ Temp: _____

Review of Systems	WNL	Findings/History
Respiratory		
Cardiovascular (EKG done <input type="checkbox"/>)		
GI		
Urology/GYN		
Musculoskeletal		
Neurologic		
HEENT/Neck		
Other		

OCULAR EXAM:
VA< _____ GLARE< _____ TA< _____ SLE _____ FUNDUS _____
The risks, benefits, and alternatives of planned surgery were discussed. The risks included but were not limited to loss of eye, loss of vision, infection, pain, bleeding, double vision, more surgery, and any other complication that could occur during surgery.
Physician Signature: _____ Date: _____
Presurgical Assessment/Update Note:
After examination, there are no changes in the patient's condition noted since completion of this medical history and physical assessment.
Physician Signature: _____ Date: _____ Time: _____



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History and Physical Policy

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HISTORY AND PHYSICAL

POLICY:

- All patients, regardless of the type anesthesia to be given, shall have an authenticated comprehensive history and physical on the chart at the time of surgery.
- It is the responsibility of the RN to verify that a current history and physical is on the chart prior to surgery.
- The patient's physician is responsible for providing a preoperative history and physical. It must be legible, concise and comprehensive.
- History and physicals may be performed and documented by a physician who is not a member of the <Facility Name> medical staff, but is acting within his/her scope of practice under State law or regulations. However, the relevant history and physical, or that portion of the history and physical that describes the surgical diagnosis, findings and justification of the surgical plan, must be documented by the surgeon and cannot be delegated to an outside physician.
- History and physicals must be current within thirty (30) days of the surgery date and placed in the medical record prior to the surgical procedure. The history and physical will address, but is not limited to the following factors:
 - Patient age, diagnosis, the type and number of procedures scheduled to be performed, known comorbidities, and the planned anesthesia level.
- Prior to surgery, a pre-surgical assessment must be completed and authenticated by a physician, to evaluate the risk of the procedure to be performed, and must be documented in the medical record, to include at minimum:
 - Patient assessment to assess changes in patient condition since the history and physical that might be significant for the planned surgery, to include pre-existing medical conditions and appropriate test results.
 - Identification and documentation of patient allergies to drugs and biologicals or indicate that the patient has no known allergies (NKA) to drugs or biologicals.

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Prealnesthesia Evaluation Policy Postanesthesia Evaluation Policy

PREANESTHESIA EVALUATION

POLICY:

Immediately before surgery, an **anesthesiologist / anesthetist** will examine the patient to evaluate the risk of anesthesia. All patients will be evaluated prior to the delivery of anesthetic agents.

PROCEDURE:

- Patients will be evaluated by the **anesthesiologist / anesthetist** providing anesthesia to the patient prior to administration of anesthesia, with the results of the evaluation documented on the patient's medical record.
- Documentation of above noted evaluations / re-evaluations is required by the **anesthesiologist / anesthetist** providing anesthesia services. A note will be made on the patient's medical record.

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POSTANESTHESIA EVALUATION

POLICY:

An evaluation of the patient's recovery from anesthesia, to determine whether the patient is recovering appropriately, must be completed and documented, by a physician or an anesthetist, before the patient is discharged. American Society of Anesthesiology (ASA) guidelines do not define conscious sedation as anesthesia. While current practice dictates that the patient receiving conscious sedation be monitored and evaluated before, during and after the procedure by trained practitioners, a postanesthesia evaluation is not required.

PROCEDURE:

Routine postanesthesia assessment and monitoring will include the following:

- Respiratory function, including respiratory rate, airway patency and oxygen saturation;
- Cardiovascular function, including pulse rate and blood pressure;
- Mental status;
- Temperature;
- Pain;
- Nausea and vomiting;
- Postoperative hydration.

Depending on the specific surgery or procedure performed, additional types of monitoring and assessment may be necessary.

This assessment will be documented by the physician **or anesthetist** in the patient's medical record.

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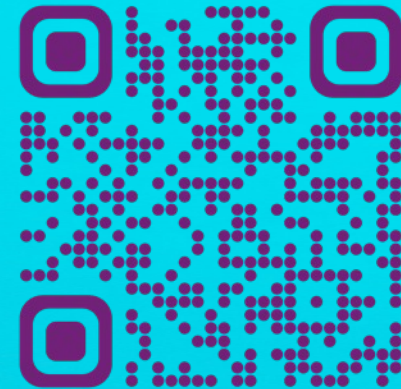
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JUL 21	20		Incident Reporting: From Documentation to Prevention	Crissy Benze MSN, BSN, RN <i>VMG Health</i>
AUG 25	60		Streamlining Communication from ASC to Clinic, Part 2: Improving Postoperative Communication	Apryl McElheny MBA, MSN, RN, CASC, CIC Laurie Brown MBA, COMT, COE, CPC <i>VMG Health</i>

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