

Criteria for Patient Admission in City Health Day Hospitals and Procedure Centres.

SCOPE

To identify admission criteria in accordance with City Health By-Laws and ANZCA Guidelines to optimise patient care.

RESPONSIBILITY

City Health workforce and accredited medical officers

POLICY

Risks

The preoperative patient assessment is crucial for identifying the risks associated with anaesthetising and sedating patients with underlying health conditions. It is important to note that patients categorised as ASA 3 or 4 are at significantly greater risk than ASA 1 or 2. Additionally, patients with a weight of 100 kgs or more, a BMI of 35 or higher, and obstructive sleep apnea are at a substantially higher risk. They may experience increased sensitivity to sedatives and adverse events related to unexpected difficult airway management. Patients identified with these risks must be promptly referred for medical assessment or considered for anesthesia consultation and evaluation to determine their suitability for City Health Day Hospital admission. The anesthesia options available include general anesthesia, regional anesthesia/analgesia, and sedation. Procedural sedation ensures patient comfort during the procedure, while in some cases, general anesthesia may be necessary. Patients not meeting the admission criteria will be promptly referred to an appropriate external healthcare facility for the procedure. (ANZCA PG09 (G)) & (ANZCA PG15 (POM)).

CITY HEALTH DAY HOSPITAL GUIDELINES FOR ADMISSION OF PATIENTS WITH BMI:

NOTTING HILL DAY HOSPITAL BMI PROTOCOL

- <35 Proceed with the procedure
- 35-40 Director of Nursing to discuss with Anaesthetist
- >40 Patients to be attended to at an external healthcare facility
- > 110KG Director of Nursing advised and Anaesthetist to review

JOLIMONT DAY HOSPITAL BMI PROTOCOL:

- <40 Proceed with procedure
- >40.0 to attend an external healthcare facility

QLD:

- <35 Proceed with procedure
- 35-38 DON notified: Review comorbidities, send everything to Anesthetists, who review it and let me know if they want to review the patient, etc.
- >39.0 Sunnybank Private.

NSW:

- <40 Proceed with the procedure
- >40 AND WEIGHT > 100KG Director of Nursing advised and Anaesthetist to review

****High patient BMI and or weight to be communicated by IVF Nurse Manager to DON within a week of patient booking ****

City Fertility Patients - IV Sedation

- The IVF specialist initiates a discussion with the anesthetist to determine whether the patient is suitable for the procedure at City Health Day Hospital/Procedure Centre.
- The IVF specialist on the CF database booking form documents discussion and outcome
- The booking form is printed by the Clinical Administrator (CA) and included in the patient's Day Hospital/Procedure Centre documents
- DON is notified
- If the patient is NOT suitable for admission to City Health Day Hospital/Procedure Centre, the patient is to be scheduled at an external private hospital
- This is to be clearly documented on the booking form by the IVF specialist
- Patient is informed by IVF specialist that procedure will be scheduled at an external private hospital

City Fertility Patients – Pentrox (Not applicable Victoria)

- IVF specialist initiates discussion with Medical Director to discuss patient suitability to have the procedure at a City Health Day Hospital/Procedure Centre
- Discussion and outcome documented by the IVF specialist on the CF database booking form
- The booking form is printed by the CA and included in the patient's Day Hospital/ Procedure Centre documents
- DON is notified
- If a patient is NOT suitable for admission to a City Health Day Hospital/Procedure Centre the patient is to be scheduled at an external private hospital
- This is to be documented on the booking form by the IVF Specialist
- The IVF specialist informs the patient that the procedure will take place at an external private hospital

First Step Patients - Pentrox (Not applicable Victoria)

The First Step Nurse notifies the clinician prior to initial consultation if the patient's weight is >100kg &/or BMI is >35.

- If proceeding, The First Step Nurse to notify the DON, Medical Director and IVF clinician allocated for the EPU and include any additional information e.g., co-morbidities, medications, concerns etc., that may impact admission to City Health Day Hospital/Procedure Centre
- The IVF specialist allocated to complete EPU and the Medical Director will discuss patient's suitability to have the procedure at a City Health Day Hospital/Procedure Centre
- Outcome is noted on the booking form
- The booking form is printed by the CA and included in the patient's Day Hospital documents
- DON is notified.
- If a patient is NOT suitable, they will be offered IV sedation with an anesthetist at either a City Health Day Hospital (in consultation with anesthetists) or at an external private hospital
- IVF clinician to document on booking form that the patient requires IV sedation, and if an external provider is required.
- The First Step Nurse informs the patient that they require IV sedation and the facility where the procedure will be scheduled. (Additional costs will be applicable)

First Step Patients - IV Sedation (as above for City Fertility IV sedation)

- The First Step nurse informs the patient of the outcome.

Please note: The clinical Administrator shall notify the DON if any risks are documented (identified in the red sections of the form) upon receipt of the patient's online admission form; this will include BMI >35, Weight > 100 kg, and any other medical conditions that may impact admission to a City Health Day Hospital.

Additional Equipment:

- Hover Matt - for use in patients >100kgs.
- Opti Flow (high flow oxygen delivery system) - for use in patients with a BMI >35, as requested by the Anaesthetist.

Patient Preparation

Preoperative Patient Assessment: all patients shall be assessed during initial clinician consultation and prior to being accepted for admission at City Health Day Hospital/Procedure Centre.

Basic assessment should include:

- Past medical, surgical and sedation and anaesthetic histories
- Anatomical, access or physical abnormalities that may impact on the ability to perform the proposed procedure at the level of intended sedation/anaesthesia
- Any history of known airway or anaesthesia difficulties
- Obstructive sleep apnea or complaints of excessive, loud snoring
- Identifying patients with known chronic diseases such as cardiac, respiratory, severe gastroesophageal reflux, chronic aspiration, neuromuscular or metabolic and rare syndromes
- Record weight and height, and calculate the BMI, noting if the weight is ≥ 100 kgs and/or the BMI is ≥ 35 .
- History of laryngospasm or presence of URTI
- Behavioural challenges, history of procedural distress and ability to cooperate
- Neurodevelopment conditions such as autism spectrum disorder and ADHD
- Ability to complete any proposed procedure at a targeted level of minimal or moderate sedation
- Allergies and alerts

(ANZCA PG09 (G)) & (ANZCA PG15 (POM)).

If the admission form has a yes ticked in any red section, the Director of Nursing shall be contacted to assess the patient further and contact the AMO / Anaesthetist / medical director if necessary.

As early as possible, AMOs advise patients of any risks or concerns relating to admission (anaesthetic and surgical risk) to optimise patient care and outcomes.

The Director of Nursing (DON) must be notified of the pre-anaesthetic/ procedural assessments at every step to allow for the provision of additional information, ensure sufficient staffing, and provide the equipment necessary to enable appropriate patient care.

Admission Criteria for Patients Scheduled for Procedures at a City Health Day Hospital:

- Undergoing a procedure within the AMO scope of practice and listed on the facilities license. See Appendix 2.
- Able to provide informed consent
- Expected to have a Cognitive Impairment Test result of 0 -1 on admission
- No significant medical or surgery history, alerts or allergies that will impact intraoperative and postoperative care, outcomes and recovery.
- No history of colonisation with multi-resistant organisms
- Fasting - six hours of food and two hours of water, unless fasting is unnecessary;
- ASA physical status 1 or 2 or medically stable ASA 3 or 4. See Appendix 1 for ASA PS
- The AMO shall refer patients with a weight \geq over 100 kg and/ or BMI >35 to the Anesthetist for further assessment. If the procedure does not require an anesthetist, the AMO shall inform the medical director.
- Expected to recover within a realistic time frame relevant to the procedure
- Have a minimal risk of postoperative haemorrhage
- Have a minimal risk of postoperative airway compromise
- Be amenable to postoperative pain controlled by outpatient management techniques, e.g., oral pain relief

- Permit postoperative care to be managed by the patient and/or a responsible adult
- Be associated with rapid return to normal fluid and food intake
- A responsible adult is available to transport the patient and to accompany the patient home in a suitable vehicle. A responsible person should be physically and mentally able to make decisions for the patient's welfare when necessary.

(ANZCA PG09 (G)) & (ANZCA PG15 (POM)).

Patients who have:

- Not fasted
- Significant medical or surgery history, alerts or allergies that will impact intraoperative and postoperative care; outcomes and recovery
- A personal or family history of reaction to anaesthetic agents, e.g., apnea or Malignant Hyperthermia;
- A personal history of cardiomyopathy (if using Pentrox) **N/A Victoria**
- A history of complicated intubation
- A history of complications with postoperative care and recovery;
- A recent exposure to communicable diseases within 2 weeks of admission date;
- A history of intra or post-operative incidents and/or complications

Further assessment by the anesthetist, AMO, and medical director is necessary if an anesthetist is not required.

In all cases, the surgeon, medical director, and/or Anesthetist decide if the patient is suitable for admission to City Health Day Hospital/Procedure Centres.

REFERENCES

Australian and New Zealand College of Anaesthetists (ANZCA) PG09(G): Guideline on procedural sedation

Australian and New Zealand College of Anaesthetists (ANZCA) PG15(POM): Guideline for the perioperative care of patients selected for day stay procedures

APPENDIX 1 ANAESTHESIA CONSULTATION AND PATIENT PREPARATION

Scope of Service covered in City Health Licence: For the Provision of IVF and Gynaecology Services

MBS	Procedure
14206	HORMONE OR LIVING TISSUE IMPLANTATION by cannula
13212	Oocyte retrieval for the purpose of assisted reproductive technologies-only if rendered in connection with a service to which item 13200, 13201 or 13206 applies
13215	Transfer of embryos or both ova and sperm to the uterus or fallopian tubes, excluding artificial insemination-only if rendered in connection with a service to which item 13200, 13201, 13206 or 13218 applies, being services rendered in one treatment cycle
30062	Etonogestrel subcutaneous implant, removal of, as an independent procedure
35502	INTRAUTERINE DEVICE, INTRODUCTION OF, for the control of idiopathic menorrhagia, AND ENDOMETRIAL BIOPSY to exclude endometrial pathology, not being a service associated with a service to which another item in this group applies
35503	Intra uterine contraceptive device, introduction of, if the service is not associated with a service to which another item in this group applies (other than a service mentioned in item 30062)
35506	INTRAUTERINE CONTRACEPTIVE DEVICE, REMOVAL OF UNDER GENERAL ANAESTHESIA, not being a service associated with a service to which another item in this group applies
35566	VAGINAL SEPTUM, excision of, for correction of double vagina
35611	CERVIX, removal of polyp or polypi, with or without dilatation of cervix, not being a service associated with a service to which item 35608 applies
35623	HYSTEROSCOPIC RESECTION of myoma, or myoma and uterine septum resection (Where both are performed), followed by endometrial ablation by laser or diathermy
35626	HYSTEROSCOPY, including biopsy, performed by a specialist in the practice of his or her specialty where the patient is referred to him or her for the investigation of suspected intrauterine pathology (with or without local anaesthetic), not being a service associated with a service to which item 35627 or 35630 applies
35627	HYSTEROSCOPY with dilatation of the cervix performed in the operating theatre of a hospital - not being a service associated with a service to which item 35626 or 35630 applies
35630	HYSTEROSCOPY, with endometrial biopsy, performed in the operating theatre of a hospital - not being a service associated with a service to which item 35626 or 35627 applies
35633	HYSTEROSCOPY with uterine adhesiolysis or polypectomy or tubal catheterisation (including for insertion of device for sterilisation) or removal of IUD which cannot be removed by other means, 1 or more of
35634	HYSTEROSCOPIC RESECTION of uterine septum followed by endometrial ablation by laser or diathermy
35635	HYSTEROSCOPY involving resection of the uterine septum
35636	HYSTEROSCOPY, involving resection of myoma, or resection of myoma and uterine septum (where both are performed)
35640	UTERUS, CURETTAGE OF, with or without dilatation (including curettage for incomplete miscarriage) under general anaesthesia, or under epidural or spinal (intrathecal) nerve block, including procedures to which item 35626, 35627 or 35630 applies, if performed
35643	EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE other than a service to which item 35640 applies, including procedures to which item 35626, 35627 or 35630 applies, if performed