

**Women & Children's Business Unit**

**Maternity**

**Referral for Consultant Anaesthetic Opinion**

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<b>Approval process</b>	Guidelines Group/Clinical Director
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<b>Consultation Process</b>	
Obstetric Guidelines Group/Labour Ward Forum/Clinical Director	
<b>Scope of guidance</b>	
<b>Clinical condition</b>	Potential anaesthetic problems
<b>Patient Group</b>	Women accessing maternity services with potential anaesthetic problems
<b>Professional Group</b>	Practising midwives and medical staff employed by Hull and East Yorkshire Hospitals NHS Trust
<b>Approved by</b>	<b>Name: Mr Piotr Lesny Obstetric Consultant Lead for Guidelines</b> <b>Signed:</b> <b>Date:</b>
<b>Ratified by</b>	<b>Name: Dr Mary Barraclough Clinical Director</b> <b>Signed:</b> <b>Date:</b>
<b>Distribution List</b>	All Obstetricians within the Women & Children's Business Unit Clinical Director All Anaesthetists within the Women & Children's Business Unit Head of Midwifery Midwifery sisters and Matrons for consultation with midwives
<b>References</b>	
James, W. Orr, JR (1993) <u>Preoperative Care Operative Gynaecology</u> . Second Edition. Chapter 8, Pg 66-79	
<b>Broad Recommendations</b>	
All women with potential anaesthetic risk for pregnancy/labour will be managed as per this Guideline	
<b>Equity and Diversity</b>	
Hull and East Yorkshire Hospitals NHS Trust believes in fairness, equity and above all values diversity in all dealings, both as providers of health services and employers of people. The Trust is committed to eliminating discrimination on the basis of gender, age, disability, race, religion, sexuality or social class. We aim to provide accessible services, delivered in a way that respects the needs of each individual and does not exclude anyone. By demonstrating these beliefs the Trust aims to ensure that it develops a healthcare workforce that is diverse, non discriminatory and appropriate to deliver modern healthcare.	

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**Quick Reference Guide**

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**BACKGROUND**

Factors may be identified at a booking interview or during antenatal care that could later affect the woman's anaesthetic management. These cases should be brought to the notice of the obstetric anaesthetists in time to allow unhurried evaluation, discussion, and formulation of a plan of action. If this is not done, the woman's care may be adversely affected, as decisions may have to be made urgently, perhaps at night, without adequate information.

Early referral is especially important for women with complex or unusual medical conditions, and cases where non-obstetric information may need to be obtained (such as general notes, or a communication from another hospital).

**REFERRAL PROCEDURE**

If an anaesthetic assessment is required, or if the woman asks for one, the procedure is:

- Complete the 'Anaesthetic Alert Form'
- State the reason for the alert clearly
- Ensure that all relevant information is clearly recorded either in the notes or on the form
- If previous non-obstetric history is likely to be relevant, ask for the general notes to be obtained, and indicate on the form that this has been done

The form, and the woman's notes, are then handed to the antenatal clinic clerks, and will be passed on to the consultant anaesthetist. After reviewing the notes, the anaesthetist decides on further action, which may be to:

- Arrange to assess the woman personally
- Speak to the woman by telephone
- Place a note in the antenatal record asking for the duty anaesthetist to see the woman at her routine antenatal visit
- Place a yellow anaesthetic alert page in the notes
- Take no action, documenting this decision either in the antenatal record or on the alert referral form

**If the problem requires an *urgent* review, contact the duty obstetric anaesthetist (contact numbers at end).**

**INDICATIONS FOR ANAESTHETIC ASSESSMENT**

This list is meant to be representative, not exhaustive. Any woman may of course be referred at the discretion of the obstetrician or midwife, or at her own request.

- Previous problems with general or regional anaesthesia
- Family history of serious anaesthetic complications
- Anxiety about potential anaesthetic procedures
- Genuine needle phobia
- Haemostatic disorders

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- Anticoagulant therapy
- Previous spinal surgery
- Known spina bifida
- Significant spinal deformity
- Known sensitivity to local or general anaesthetics, opioids or muscle relaxants
- Neurological diseases, such as multiple sclerosis, idiopathic intracranial hypertension, epilepsy
- Any cardiac disease
- Chronic respiratory disease
- Any complex or unusual medical condition

#### NOTES ON SPECIFIC PROBLEMS

**Anaesthetic problems** - A family history of anaesthetic problems is mainly of concern if there is a suggestion of suxamethonium apnoea (rare) or malignant hyperthermia (exceedingly rare). Family members will usually have been informed and may have been tested.

Any woman who has had a problem with general or regional anaesthesia in the past should be referred.

**Needle phobia** - Anxiety about needles normally warrants referral only if it prevents the woman consenting to or cooperating with invasive procedures. If she is able to have blood drawn, for example, she probably does not need to be referred.

**Back problems** Low back pain, in the absence of previous surgery or deformity does not generally require referral. The woman may be reassured that she can have an epidural if she wants one, and that it will not aggravate back pain. The same applies to most women with sciatica (pain radiating down a leg).

**Medical conditions** - Well-controlled asthma is not an indication for referral. Diabetes is not generally an indication.

**Obesity** - Referral should be restricted to women with **BMI greater than 40**. The Healthy Lifestyle Midwife/dietician will also pick up women who are referred via this route (and women with BMI over 35)

#### Contact numbers for urgent referral or advice about referral

<b>Duty anaesthetist</b> (At any time)	bleep 79-311 or phone labour ward 604490/604390
<b>Consultant anaesthetist</b>	Bleep 79-375 Office 602764 or 602610 Mobile phone via switchboard
<b>Out-of-hours</b>	via switchboard

**This form to be sent to Dr. Ikin c/o Jane Holmes Antenatal Clinic.  
Urgent referrals contact Dr. Ikin directly**

<b>ADDRESSOGRAPH</b>		<b>Number</b>	<b>Consent</b>
		Home .....	<input type="checkbox"/>
		Mobile.....	<input type="checkbox"/>
		Work .....	<input type="checkbox"/>
<p><b>Note any times when contact may be difficult</b>  <b>Ensure the contact number given is correct/current</b>  <b>Ensure consent gained for contact to be made by phone</b>  <b>Incorrect/missing data will significantly delay follow up</b></p>		Please tick if consent for contact is given (for each number). Without consent contact using that number will not be possible	
<b>REFERRED DATE</b>			
E.D.D.			
<b>GESTATION AT REFFERAL DATE</b>			
<b>NEXT ANTENATAL CLINIC APPOINTMENT</b>			
<p><b>PRESENTING PROBLEM:</b></p> <hr/> <hr/>			
<p><b>DETAILS:</b></p> <hr/> <hr/>			
<p><b>Complete hand held records and anaesthetic sheet in obstetric records.</b>            If the woman is likely to have medical notes relevant to the presenting problem, please ask the Antenatal Clinic clerk to send for them at the same time as making the referral. This will save considerable time.</p>			
<p><b>Anaesthetic referral completed by:</b></p>			
<b>Signature:</b>	<b>Print name</b>	<b>Contact number</b>	