



Aneurin Bevan University Health Board

Referral Guidelines to Anaesthetic High-Risk Clinic

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Referral Guidelines to Anaesthetic High-Risk Clinic Royal Gwent

Key Messages

- All high risk women should ideally be seen prior to 24 weeks gestation.
- EDD must be included on all referrals to allow prioritization.
- If referral to other Specialties is also required then this should be noted on the referral form and the patient should see them before being seen by Anaesthetics.
- Following assessment, management plans should be found in the patient's notes and on CWS.
- In addition to the listed conditions any maternal request for advice warrants referral.
- If not on the list below, contact the Anaesthetic Department (ext 4164/4167/4397) to discuss with any Obstetric Anaesthetic Consultant.

Anaesthetic High Risk Clinics are held on alternate Tuesday (Dr V. Victor) and Wednesday (Dr M. Turner) afternoons in the Antenatal department at the Royal Gwent Hospital.

Making a Referral

Referral to the anaesthetic clinic should be made as soon as a high-risk pregnancy has been identified and must include the Estimated Date of Delivery. Referral can be done by the midwife or the obstetrician by following the pathway.

All referral forms will be reviewed by one of the Consultant Anaesthetists responsible for the service and a decision will be made as to whether an appointment will be offered.

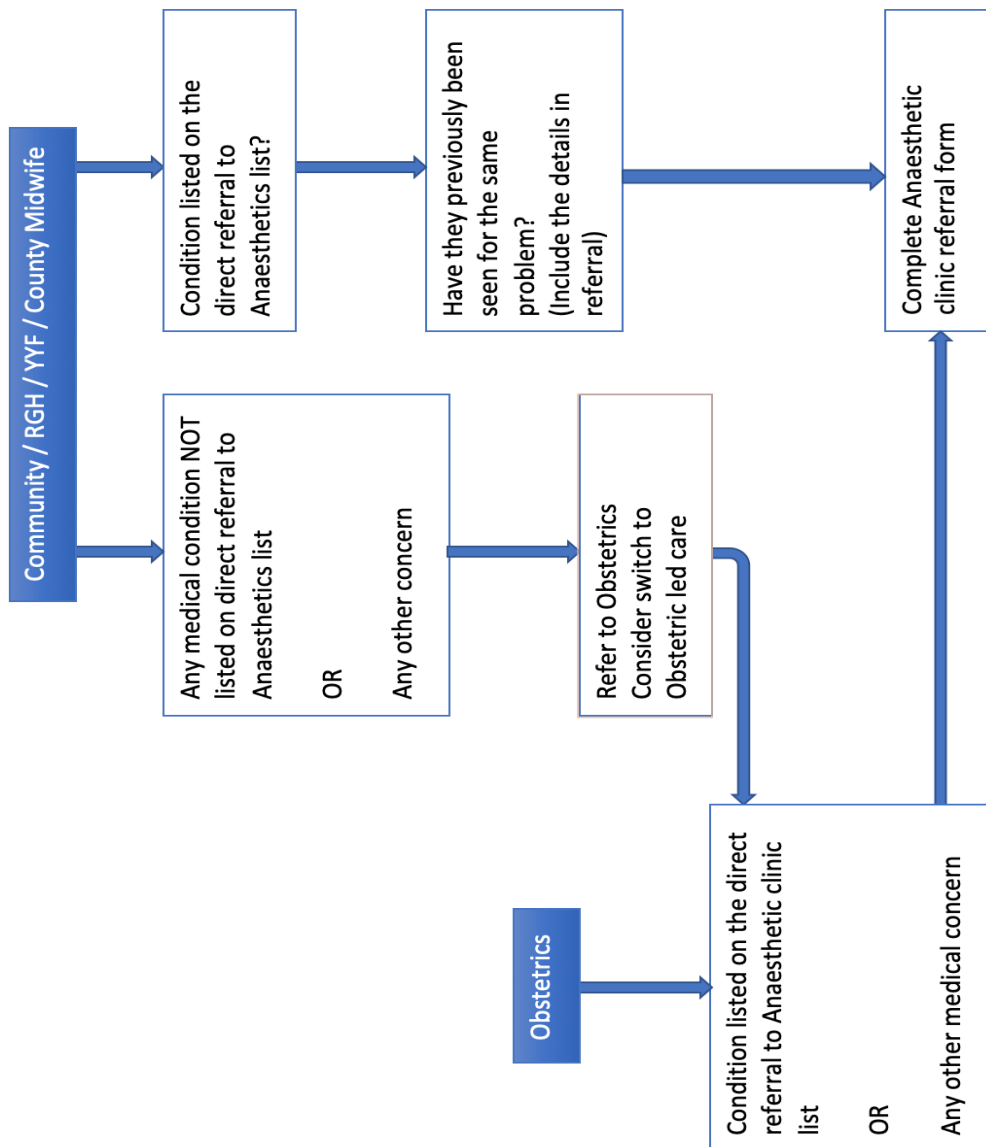
Avoid late referrals. If any, this should be discussed directly via telephone or email to Drs VV or MT.

The patient must be informed that she has been referred for anaesthetic assessment and the reason for this referral in view of her high risk pregnancy.

If the patient has previously seen an Anaesthetist for the same condition and this has not changed since the previous pregnancy it does not necessarily require a repeat clinic appointment. Please check on CWS to do this.

If the patient has chronic back pain without ever having had back surgery, these patients can be reviewed at time delivery by anaesthetics and do not warrant a clinic appointment.

Obstetric Anaesthetic High Risk Pathway



Indications for direct referral to High risk Anaesthetic Clinic	
Anaesthetic	Previous <u>failed intubation</u> or known <u>difficult airway</u> Previous history of <u>awareness</u> under anaesthesia <u>Complications</u> following general, spinal or epidural anaesthesia Previous <u>failure</u> of spinal or epidural anaesthesia History or family history of <u>malignant hyperpyrexia or suxamethonium apnoea</u> Anaphylaxis during anaesthesia Severe needle phobia Previous difficult venous access requiring central vascular access Previous neck surgery or radiotherapy Any neck lumps BMI > 45 Jehovah's witnesses or patients who are unwilling to receive blood transfusions
Obstetric	Previous issues with labour analgesia or anaesthesia Any traumatic delivery (at maternal request) Placenta praevia / accreta / percreta Other potential risk of major haemorrhage (large fibroids)
Musculoskeletal	Abnormalities of the spine including spina bifida occulta, kyphoscoliosis, myelomeningocele Previous spinal surgery. Previous spinal cord injury Inter-vertebral disc prolapse
Neurological	Multiple sclerosis Myasthenia gravis Previous neurosurgery Myopathyies Muscular dystrophy Benign intracrainial hypertension Previous stroke or TIAs
Respiratory	Home CPAP or NIV Asthma (severe enough to be managed by Respiratory Physicians) Bronchiectasis Cystic fibrosis Restrictive lung disease
Cardiac	All cardiac conditions (except murmurs associated with a completely normal Echocardiogram) including arrhythmias and Ischaemic heart disease
Endocrine	Acromegaly, Addison's disease, phaeochromocytoma Goitre
Autoimmune	Rheumatoid arthritis Ankylosing spondylitis Scleroderma / systemic sclerosis / SLE (lupus) / Ehlers Danlos
Haematological	Patients on anticoagulants (including FRAGMIN and Clopidogrel) Porphyria Sickle cell anaemia Bleeding abnormalities and inherited coagulation disorders
Other	Known malignancy with h/o chemoradiotherapy

Obstetric Anaesthesia High Risk Referral Form

Patient Details:

If insufficient details or if EDD not completed the patient cannot be prioritized and the forms will be returned

EDD:

Indication for Referral:

Brief details:

Have they been referred to another specialty? Y / N

If yes which specialty?

Date of their appointment:

Have they been seen before by Anaesthetics with the same problem? Y / N

Referral made by:

Community Midwife

RGH/YYF Midwife

Obstetric Consultant

Obstetric CT/ST

Name:

Signature:

Date: