A game plan for the safe resumption of preanaesthetic clinic during the coronavirus disease 2019 pandemic

Sir,

The novel coronavirus disease 2019[1] has made us reflect on our traditional work routines to prevent transmission between patients and health-care workers (HCW).[2,3] Several of our routine practices need to be reviewed and suitably modified measures implemented. One such area is the preanaesthetic evaluation clinic (PAC) wherein a patient is clinically assessed by an anaesthesiologist, before the delivery of anaesthesia care for surgery and nonsurgical procedures.[4] We summarise our departmental strategies planned under these circumstances, so that our outpatient department (OPD) PAC services may be safely resumed.

Patients with acute febrile illness due to any cause should be seen in a fever clinic with appropriate personal protective equipment (PPE). All patients must be seen by appointment only to reduce the waiting time.[5] Once enquired about their symptoms telephonically by our call centre staff, a screening questionnaire will be filled and then they will be directed for their preoperative evaluation.

All general infection control practices of the hospital will be followed. Only one attendant per patient will be allowed where necessary. Triage of all patients will be done at the entrance of the OPD with thermal scanners. Preferably, separate entrance and passages for patients and HCW will be designated.

Patients will be required to sanitise hands with 70% alcohol hand rub and wear a surgical mask before entering the OPD. At any time, only five patients will be allowed to be present in the waiting area with a minimum inter-person distance of 1.5–2 m. Patients who cannot be roomed immediately will be housed in designated waiting rooms strictly adhering to hand hygiene, mask and distancing and will be contacted telephonically when waiting seat becomes available at the OPD.

The anaesthesiologist and nursing staff in the PAC consultation room who may come in close contact with the patient may use disposable gowns, single-use gloves and goggles or reusable face visors in addition to surgical mask which is the recommendation for OPD PAC area in our hospital.

The airflow in the consultation room should be from the doctor towards the patient. Air condition/fan may be placed behind the doctor and the window/door must be behind the patient. A minimum of 2-m distance between the doctor and the patient must be maintained (as 2 m is the maximum distance a droplet can spread). This can be achieved by placing a row of artificial plants between the doctor's desk and the patient's chair, so that the patient will not be able to draw his chair closer to the doctor. A complete history should be obtained from the patient.

The physical examination must be done quickly and with adequate PPE. The patient's face must be turned away from the examiner and no talking allowed during physical examination. Auscultation should be done from behind. Airway examination (AE), an essential part of the PAC, is also the step involving maximum risk. To prevent direct exposure of the doctor, AE may be projected via a mirror[6] or cell phone in a clear zip lock pouch with the front camera turned on placed in front of the patient. After completion of the examination, the patient should be asked to wear his mask and sanitise his hands, and the doctor should discard his gloves and perform hand hygiene. Once done, 2-m distance should be resumed and the rest of the consultation, writing, advice and counselling the patient completed. Our PAC consultation room setup and examination plan are shown in Figure 1.

Biomedical waste management protocols should be followed. The patient chair, examination area and nondisposable medical equipment should be systematically and periodically disinfected.

These simple measures when incorporated into our routine practice could greatly reduce the risk of transmission from patient to patient and HCW. These practices should be continuously updated and made available online to all providers within the institution. Efforts should be made to utilise the upcoming telemedicine technology[7] in our preanaesthesia consultations also.

Financial support and sponsorship
Nil.

Figure 1: Preanaesthetic evaluation clinic room setup and examination plan

Conflicts of interest

There are no conflicts of interest.

Vanitha Rajagopalan, Mayank K Tyagi, Surya Kumar Dube, Girija Prasad Rath

Department of Neuroanaesthesiology and Critical Care, All India Institute of Medical Sciences, New Delhi, India

Address for correspondence:
Dr. Vanitha Rajagopalan,
Department of Neuroanaesthesiology and Critical Care, All India Institute of Medical Sciences, New Delhi, India.
E-mail: vanitharajagopalan@gmail.com

Submitted: 27-May-2020
Revised: 04-Jul-2020
Accepted: 14-Jul-2020
Published: 01-Sep-2020

REFERENCES

1. Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, *et al*. A novel coronavirus from patients with pneumonia in China, 2019. N Engl J Med 2020;382:727-33.
2. Chang , Xu H, Rebaza A, Sharma L, Dela Cruz CS. Protecting health-care workers from subclinical coronavirus infection. Lancet Respir Med 2020;8:e13.
3. Malhotra N, Joshi M, Datta R, Bajwa SJS, Mehdiratta L. Indian Society of Anaesthesiologists (ISA National) Advisory and Position Statement regarding COVID-19. Indian J Anaesth 20;64:259-63.
4. American Society of Anesthesiologists task force on Preanaesthesia evaluation. Practice advisory for preanaesthesia evaluation: A report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012;116:522-38.
5. James JP, Thampi SM. Time spent by patients in a pre-anaesthetic clinic and the factors affecting it: An audit from a tertiary care teaching hospital. Indian J Anaesth 2018;62:16-22.
6. Elkoundi A, Jaafari A, Ababou M, Boubekri A, Baite A, Bensghir M. Preoperative assessment organization in the time of the outbreak COVID-19. J Clin Anesth 2020;65:109882.
7. Law TT, Suen DT, Tam YF, Cho SY, Chung HP, Kwong A, *et al*. Telephone pre-anaesthesia assessment for ambulatory breast surgery. Hong Kong Med J 2009;15:179-82.

Access this article online	
Quick response code	Website: www.ijaweb.org
	DOI: 10.4103/ija.IJA_674_20

How to cite this article: Rajagopalan V, Tyagi MK, Dube SK, Rath GP. A game plan for the safe resumption of preanaesthetic clinic during the coronavirus disease 2019 pandemic. Indian J Anaesth 2020;64:818-9.