JAMES PAGET HEALTHCARE NHS TRUST

CLINICAL GUIDELINE FOR THE ADMINISTRATION OF MEDICATION PRIOR TO SURGERY IN ADULT PATIENTS

1. INTRODUCTION

Many patients undergoing surgery will be taking therapeutic drugs for concurrent illnesses. There is evidence of widespread inequalities in the prescription and administration of regular medications in the peri-operative period, with potential serious consequences if such drugs are omitted.

2. SCOPE

This guideline is for the use by all medical, pre-assessment and nursing staff at the JPH and applies to all adult patients undergoing elective or emergency surgery.

3. PURPOSE

The purpose of this guideline is to ensure that all adult patients receive their appropriate medication(s) for concurrent illnesses (as agreed by the Anaesthetists at the James Paget Hospital) prior to their operation taking place.

4. RATIONALE

Many patients undergoing surgery will be taking therapeutic drugs for concurrent illnesses. There is evidence of widespread variability both in the prescription and administration of such drugs on the peri-operative period. Reasons for the variation may be due to concerns about pre-operative fasting, and also lack of consensus amongst Anaesthetists. The omission of these usual concurrent medications may have serious consequences for the patient. This guideline is to prevent such variability, prevent the consequences of omission and for these decisions to be made in advance of surgery.

5. MANAGEMENT

5.1 Adult patients taking regular medicines should receive ALL their prescribed medication prior to their operations taking place UNLESS EXCEPTED (see 3).

5.2 Oral medications should be taken with a sip of water up to 2 hours prior to the procedure.

5.3 EXCEPTIONS

The exceptions to this are:-

1. Anticoagulants - Warfarin - see protocol
Clopidogrel - see protocol
Sc Clexane - see protocol

2. Hypoglycaemics – Oral hypoglycaemics – see protocol
Insulin - see protocol

3. Hormone replacement therapy - see protocol

4. Oral contraceptive pill - see protocol

5. ACE inhibitors - stop 24 hours prior to surgery

6. Monoamine Oxidase Inhibitors

6.1 1st generation e.g. Phenelzine, Isocarboxazid. Ideally should be stopped 2 weeks before surgery if possible and changed to 2nd generation "reversible" MAOI. This should be done in liaison with the patient, patient's GP and /or psychiatrist with discussion of the risks/benefits.

6.2 2nd generation "reversible" MAOI's e.g. Moclebemide ? omit on day of operation.

7. Patients unable to swallow medicines.

8. Medication that has been cancelled by a doctor. The doctor must cancel the prescribed medication clearly and sign and date the prescription chart.

9. Herbal medications:

- Echinacea – Discontinue in advance of surgery when compromise in heptatic function is present or expected.
- Ephedra – stop 24 hours before surgery (Mua-huang)
- Garlic – stop 7 days prior to surgery if post operative bleeding is possible or other platelet inhibitors are given.
- Ginko – stop 48 hours before surgery
- Ginseng – stop 7 days before surgery
- Kava – stop 24 hours before surgery
- St John's Wort – stop 5 days before surgery

Failure to follow these guidelines may mean that the patient's operation will be cancelled.

This guideline does not distract from the responsibility of the nurse with regard to the safe administration of medicines.

6. AUDIT INDICATORS

0% of operations cancelled due to patients NOT receiving their therapeutic drugs for concurrent illnesses, in accordance with the guideline.

7. EVIDENCE

1. Connolly J: Cunningham (2000) Pre-operative fasting and administration of regular medications in adult patients presenting for elective surgery. Has new evidence changed clinical practice? European Journal of anaesthesiology; 17:219-220
2. Drugs in the Peri-operative Period: Cardiovascular Drugs. Drugs and Therapeutic Bulletin (1999), 37: 89-92
3. Pearse R; Rajakudendrum. (1999) Pre-operative fasting and administration of regular medications in adult patient presenting for elective surgery. Has the new evidence changed clinical practice. European Journal of Anaesthesiology;16:565-568
4. Wyld R, Nimmo W. (1998) Do patients fasting before and after their operation receive their prescribed drug treatment? British Medical Journal; 296
5. Guidelines for the Administration of medicines. Nursing and Midwifery Council (2000). London
6. Aug-Lee M, Moss J, Yuan C JAMA (2001); 286: 208-216

8. AUDIT INDICATORS

0% of operations cancelled due to patients NOT receiving their therapeutic drugs for concurrent illnesses, in accordance with the guideline.

9. ENDORSEMENT

Dr Blossfeldt	Consultant Anaesthetist
Dr Ganepola	Consultant Anaesthetist
Dr Gay	Consultant Anaesthetist
Dr Jenkins	Consultant Anaesthetist
Dr Mann	Consultant Anaesthetist
Dr Millican	Consultant Anaesthetist
Dr Notcutt	Consultant Anaesthetist
Dr Stuart	Consultant Anaesthetist
Dr Tupper-Carey	Consultant Anaesthetist
Dr Bothma	Consultant Anaesthetist
Dr Brodbeck	Consultant Anaesthetist
Dr Engel	Consultant Anaesthetist
Dr Koessler	Consultant Anaesthetist
Dr Wilson	Consultant Anaesthetist
Dr Wright	Consultant Anaesthetist
Sr McGeady	Ward 6
Sr McCarthy	Ward 5
C/N Kirk	Ward 4
Sr Aitchison	Ward 8
Sr Woods	Ward 9

Sr Cole	Ward 12
Sr Bitters	Ward 7
Sr Griffiths	Day Care Ward
Sr Thompson	Pre-assessment
Mr Todd	Principal pharmacist

10. AUTHOR AND DATES

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