

PRE-ANESTHESIA EVALUATION

A pre-anesthesia evaluation must be performed for each patient who receives general, regional or monitored anesthesia by a person qualified to administer anesthesia*. (§482.52(b)(1))

The patient pre-anesthesia evaluation or re-evaluation encounter, for the purpose of completing this requirement, must be completed and documented within 48 hours immediately prior to the delivery of the first dose of medication(s) given for the purpose of inducing anesthesia. (§482.52(b)(1))

Some of the individual elements contributing to the pre-anesthesia evaluation may be performed prior to the 48-hour timeframe. However, under no circumstances may these elements be performed more than 30 days prior to surgery or a procedure requiring anesthesia services. Review of these elements must be conducted, and any appropriate updates documented, within the 48-hour timeframe.

The pre-anesthesia evaluation/re-evaluation of the patient includes, at a minimum:

1. Elements that must be performed within the 48-hour timeframe:
 - Review of the medical history, including anesthesia, drug and allergy history; *and*
 - Interview, if possible given the patient's condition, and examination of the patient.

2. Elements that must be reviewed and updated as necessary within 48 hours, but which may also have been performed during or within 30 days, in preparation for the procedure:
 - Notation of anesthesia risk according to established standards of practice (e.g., ASA classification of risk);
 - Identification of potential anesthesia problems, particularly those that may suggest potential complications or contraindications to the planned procedure (e.g., difficult airway, ongoing infection, limited intravascular access);
 - Additional pre-anesthesia data or information, if applicable and as required in accordance with standard practice prior to administering anesthesia (e.g., stress tests, additional specialist consultation);
 - Development of the plan for the patient's anesthesia care, including the type of medications for induction, maintenance and post-operative care and discussion with the patient (or patient's representative) of the risks and benefits of the delivery of anesthesia. (§482.52(b)(1))

This CMS requirement for an evaluation/re-evaluation within 48 hours prior to anesthesia is separate from the Joint Commission Element of Performance 8 of PC.03.01.03 that all patients need to be re-evaluated immediately prior to administering anesthesia.

*Qualified Anesthesia Professional (§482.52(a)):

- A qualified anesthesiologist;
- A doctor of medicine or osteopathy (other than an anesthesiologist);
- A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law;
- A certified registered nurse anesthetist (CRNA), who, unless exempted in accordance with paragraph (c) of this section, is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed; or
- An anesthesiologist's assistant (AA) who is under the supervision of an anesthesiologist who is immediately available if needed.