

## A collaborative approach to reducing anesthesia-related complications through nursing assessments, pharmacy interventions, and laboratory tests

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### ABSTRACT

Anesthesia-related complications present considerable risks during surgical procedures, necessitating comprehensive strategies to enhance patient safety. This paper discusses a collaborative model integrating nursing assessments, pharmacy interventions, and laboratory tests aimed at minimizing these complications. By leveraging the skills of nurses, pharmacists, and laboratory technicians, healthcare teams can effectively identify and manage potential risk factors in the perioperative setting. Existing literature is reviewed, highlighting successful interdisciplinary practices, and a framework for improving patient outcomes is proposed.

**Keywords:** practices, assessments, pharmacy, technicians

### INTRODUCTION

Anesthesia is an integral component of modern surgical practice, enabling a vast array of surgical procedures by providing the necessary analgesia and sedation to patients. However, the administration of anesthetic agents is not without significant risks, as anesthesia-related complications can lead to various degrees of morbidity and mortality, thereby impacting both immediate surgical outcomes and longer-term recovery processes (Apfelbaum et al., 2013; Cohen et al., 2015). The spectrum of potential complications encompasses a range of issues, including but not limited to respiratory depression, allergic reactions, cardiovascular instability, and postoperative delirium, all of which can arise from a multitude of underlying factors, such as a patient's pre-existing medical conditions, interactions among administered medications, and the pharmacological properties of the anesthetics utilized (Baker et al., 2018). In recent years, there has been a notable increase in the complexity of patients presenting for surgical intervention, particularly driven by the global rise in lifestyle-related comorbidities—including obesity, diabetes, hypertension, and coronary artery disease—coupled with the pervasive trend of polypharmacy (McCarthy et al., 2018).

The intertwining of these factors has underscored the necessity for a more nuanced and holistic approach to anesthesia management, one that transcends the traditional boundaries of practice often seen in anesthesia care, where anesthesiologists operate largely in isolation from other disciplines. This siloed approach does not adequately address the multifactorial nature of anesthesia-related complications and often leads to oversights that can adversely influence patient safety (Graham et al., 2020). To counteract these limitations, a collaborative,

multidisciplinary approach is required—an approach that effectively integrates the contributions of nursing assessments, pharmacy interventions, and laboratory tests into a cohesive framework designed to optimize anesthetic care.

Specifically, nursing assessments serve as a critical conduit for gathering detailed patient histories and insights into individual risk factors that may complicate anesthesia administration. This information allows the anesthesia team to develop a more tailored anesthesia plan that addresses specific patient needs and risks upfront (Hägglund et al., 2022). The role of the pharmacist is equally significant, particularly in the context of medication management, where the potential for drug interactions is heightened during the perioperative period; pharmacists ensure the systematic reconciliation of medications to prevent adverse drug events from occurring (Dabrow et al., 2021; Wong et al., 2019). Moreover, the impact of timely and accurate laboratory results cannot be overstated, as these results are crucial for informing anesthesiologists' decisions regarding the patient's physiological status and guiding necessary interventions (Carmona et al., 2016). This comprehensive review will elucidate the vital roles of each discipline in anesthesia care, emphasizing how their integrated efforts can lead to better outcomes in reducing anesthesia-related complications.

### **Nursing Assessments**

The role of nursing assessments in the perioperative landscape is multifaceted and serves as a fundamental pillar for ensuring safe anesthesia practices. A comprehensive preoperative assessment conducted by nursing professionals initiates with an extensive medical history that captures vital information relevant to the patient's surgical journey. This encompasses prior surgical experiences, any adverse reactions to anesthesia, current medication usage—including both prescribed and over-the-counter medications—and an in-depth exploration of notable allergies (Reeves et al., 2016). By employing standardized evaluation tools such as the ASA Physical Status Classification System, nurses can stratify patients according to their comorbidities, which is instrumental in identifying individuals who are at heightened risk of complications (Hägglund et al., 2022).

In addition to initial evaluations, the ongoing continuous monitoring performed by nursing staff is paramount during the preoperative, intraoperative, and postoperative phases. This involves vigilant oversight of vital signs—such as heart rate, blood pressure, temperature, and oxygen saturation—with the aim of proactively identifying any deviations that may indicate developing complications. For example, the use of advanced monitoring technologies, including pulse oximetry and capnography, allows nurses to detect potential respiratory complications swiftly—such as hypoxemia or hypercapnia—enabling immediate intervention to mitigate risks (Biswas et al., 2018). Furthermore, nurses act as patient advocates within the surgical team, facilitating clear communication of any observed changes in the patient's condition to the anesthesia team, thus ensuring timely adjustments to the anesthesia plan when necessary.

Moreover, the education provided by nurses is a vital element that contributes to reducing anxiety and increasing cooperation among patients. By engaging in thorough preoperative discussions regarding the anesthesia process, potential risks, and expectations for recovery, nurses empower patients to take an active role in their care. This educational initiative is known to correlate positively with improved surgical outcomes; specifically, informed patients are generally more compliant with preoperative instructions, such as adhering to fasting guidelines, which subsequently decreases the risk of aspiration during anesthesia (Montgomery et al., 2017). Ultimately, nursing assessments encapsulate a comprehensive strategy that not only emphasizes the importance of thorough evaluation and monitoring but also hinges on effective communication and patient education, forming a robust backbone for successful anesthesia management.

### **Pharmacy Interventions**

The contributions of pharmacy interventions within the perioperative framework are indispensable in addressing the intricacies of medication management, particularly in an era characterized by the increasing prevalence of polypharmacy among surgical patients. Pharmacists serve a pivotal role in overseeing the medication reconciliation process, which entails meticulously reviewing patients' complete medication histories and comparing them against anesthesia protocols to identify potential discrepancies and interactions that may heighten the risk of complications during surgery (Dabrow et al., 2021). This reconciliation process is not merely a clerical task; it requires a deep understanding of pharmacological principles and the potential effects that various medications can exert on anesthesia; thus, pharmacists are integral team members who contribute to maintaining patient safety.

In addition to ensuring comprehensive medication reviews, pharmacists also play a substantial role in optimizing anesthetic protocols based on the unique pharmacokinetic and pharmacodynamic profiles of anesthetic agents. By collaborating with anesthesiologists, pharmacists leverage clinical guidelines and emerging data on pharmacogenomics to customize anesthetic regimens that best suit individual patient profiles (Choi et al., 2020). For instance, understanding how a patient metabolizes certain anesthetics can lead to more precise dosing strategies that minimize adverse effects while maximizing therapeutic efficacy. Research

indicates that personalized anesthesia approaches based on genetic markers can considerably improve patient outcomes, particularly in populations with varying drug responses (McCarthy et al., 2018).

Education is another critical facet of the pharmacy's role in perioperative care. Pharmacists are tasked with providing detailed counseling to patients regarding their medications, elucidating the rationale for administering certain anesthetic agents, potential side effects, and the significance of adhering to prescribed postoperative regimens (Nolen et al., 2019). Enhanced patient education not only fosters adherence to medication protocols but also equips patients with the knowledge required to recognize and report any adverse reactions that may occur following surgery. Furthermore, pharmacists can establish and maintain monitoring systems to capture adverse drug reactions, thereby developing algorithms to enable rapid identification of complications that may arise as a result of anesthesia (Baker et al., 2018). Such proactive measures ensure that the anesthetic team remains vigilant and responsive to any developments, ultimately enhancing patient outcomes and safety during both the surgical procedure and the recovery period.

### **Laboratory Tests**

Laboratory tests are pivotal in refining the preoperative assessment and optimizing anesthesia management. These tests provide crucial baseline data regarding patients' physiological conditions, which are essential for making informed anesthetic decisions. Comprehensive preoperative laboratory evaluations commonly include complete blood counts, electrolyte panels, coagulation studies, and renal function tests (Carmona et al., 2016). Each of these tests serves a specific purpose: for instance, a complete blood count can reveal potential anemia that may affect a patient's oxygen-carrying capacity during surgery, while coagulation studies can identify patients at risk for bleeding complications (American College of Obstetricians and Gynecologists, 2019). The selection and interpretation of laboratory tests should be individualized based on the patient's personal history, specific comorbidities, and the nature of the surgical procedure.

Crucially, effective communication regarding laboratory results between laboratories and the anesthesia team is vital for securing timely therapeutic decisions. Establishing a robust communication protocol that allows for rapid reporting of test results can significantly enhance the anesthesia team's ability to respond promptly to any complications (Graziano et al., 2018). For example, a laboratory report indicating abnormal electrolyte levels may necessitate immediate intervention to correct these imbalances prior to the administration of certain anesthetic agents. Furthermore, real-time access to key laboratory data ensures that anesthesiologists can personalize their anesthetic strategies and make necessary adjustments based on the patient's acute physiological needs during the perioperative period.

In instances where patients present with known health issues or ongoing medical treatments, continuous laboratory monitoring becomes increasingly imperative. Specialized patients such as those with chronic kidney disease, cardiovascular disorders, or diabetes may require additional laboratory evaluations to monitor their health status before and after anesthesia (Thien et al., 2019). Such comprehensive monitoring allows for proactive identification of complications, facilitating timely and appropriate intervention. Collectively, the integration of laboratory tests into the anesthesia care continuum plays a vital role in enhancing patient safety by providing evidence-based insights that inform clinical decision-making processes.

### **The Integrated Collaborative Model**

An integrated collaborative model that incorporates nursing assessments, pharmacy interventions, and laboratory tests serves as the foundation for optimizing anesthesia care. Interdisciplinary team meetings can be a powerful platform for discussion and coordination among nursing, pharmacy, and laboratory professionals, enabling them to assess high-risk patients, share crucial insights, and collaboratively develop comprehensive anesthesia care plans tailored to individual patient needs (Graham et al., 2020). Such collaborative dynamics not only enhance direct communication but also foster an environment that cultivates mutual respect and integrative patient management practices. The sharing of expertise across disciplines can significantly reduce medical errors and improve the quality of care as it relates to anesthesia, as evidenced in recent literature advocating for improved collaborative practices in healthcare settings (Reeves et al., 2016).

Furthermore, the establishment of standardized clinical pathways and protocols that seamlessly integrate input from nursing, pharmacy, and laboratory team members ensures that anesthesia management processes are both systematic and reflective of best practices in patient safety (Klein et al., 2018). These protocols can act as guiding frameworks for managing anesthesia-related risks and navigating clinical challenges while accommodating the individual dynamics which each surgical case presents. By engaging in continuous quality improvement initiatives, healthcare teams can monitor the efficacy of these interdisciplinary strategies, using outcomes data to assess the impact of collaborative practices on anesthesia complication rates and overall patient safety (Meyer et al., 2021).

Educating healthcare professionals across all disciplines about the critical aspects of collaboration in anesthesia care is equally essential. Training programs that emphasize the importance of teamwork and clear

communication can enhance the collaborative spirit within the operating room, ultimately leading to improved outcomes for surgical patients. Additionally, fostering a culture that prioritizes interprofessional communication as part of the organizational philosophy can create an enduring commitment to patient safety and quality care. As hospitals and surgical centers increasingly confront the complexities associated with diverse patient populations, adopting these integrated approaches will become imperative for minimizing anesthesia-related complications.

## CONCLUSION

In conclusion, the establishment of a collaborative approach that intricately weaves together nursing assessments, pharmacy interventions, and laboratory tests is essential for significantly reducing anesthesia-related complications. By harnessing the expertise inherent to each discipline, healthcare teams can proactively identify and address potential risks, enhance patient safety, and improve surgical outcomes. The contributions of nursing professionals provide the necessary foundation of patient insights and continuous monitoring, while pharmacists optimize anesthetic regimens through comprehensive medication management, and laboratory professionals ensure timely access to crucial physiological data that guides clinical decision-making. Future research should thoughtfully explore the broad implementation of interprofessional collaborative models across varied clinical settings and delve into best practices that further refine anesthesia care management. As the complexity of surgical patients continues to escalate, integrating these efforts will become increasingly vital in ensuring optimal anesthesia administration and mitigating the associated risks with surgical procedures.

## REFERENCES

1. American College of Obstetricians and Gynecologists. (2019). "Appropriate Use of the Preoperative Laboratory Tests." Committee Opinion No. 778.
2. Apfelbaum, J. L., et al. (2013). "Practice Guidelines for Preoperative Assessment." *Anesthesiology*, 118(2), 278-310.
3. Baker, D. W., et al. (2018). "Adverse Drug Events in the Surgical Population: A Review of the Literature." *Anesthesiology Clinics*, 36(3), 481-494.
4. Biswas, B., et al. (2018). "Monitoring of Oxygen Saturation in Anesthesia: A Review of Interventions." *Current Opinion in Anesthesiology*, 31(4), 496-503.
5. Carmona, M. M., et al. (2016). "Laboratory Testing and Anesthesia Practices." *Anesthesia and Analgesia*, 123(1), 128-137.
6. Choi, J. S., et al. (2020). "Pharmacogenomics and Clinical Anesthesiology: Future Directions." *Journal of Clinical Anesthesia*, 62, 109724.
7. Chung, F., et al. (2014). "High Risk of Obstructive Sleep Apnea: What Is It and How to Identify?" *Canadian Journal of Anesthesia/Journal canadien d'anesthésie*, 61(2), 177-186.
8. Dabrow, S. K., et al. (2021). "Improving Medication Reconciliation in the Perioperative Setting." *American Journal of Health-System Pharmacy*, 78(6), 476-485.
9. Finkel, H., et al. (2020). "Interdisciplinary Collaboration in Perioperative Medicine: A Review." *Journal of Surgical Research*, 256, 180-185.
10. Graziano, K., et al. (2018). "The Importance of Effective Laboratory Communication." *American Journal of Clinical Pathology*, 150(5), 476-487.
11. Graham, E. D., et al. (2020). "Team-Based Approaches to Patient Safety in Anesthesia." *Anesthesia & Analgesia*, 131(4), 1125-1130.
12. Hägglund, H. K., et al. (2022). "Risk Assessment Tools in Anesthesia: Evaluating Their Effectiveness." *British Journal of Anaesthesia*, 128(3), 345-353.
13. Klein, M., et al. (2018). "Developing Evidence-Based Clinical Pathways for Anesthesia Management." *Journal of Clinical Anesthesia*, 45, 14-19.
14. Meyer, M., et al. (2021). "Enhancing Surgical Outcomes Through Quality Improvement Initiatives in Anesthesia." *Anesthesia Clinics*, 39(3), 509-521.
15. Montgomery, J. R., et al. (2017). "The Role of Preoperative Patient Education in Reducing Surgical Complications." *International Journal of Surgery*, 31, 25-30.
16. Nolen, L. K., et al. (2019). "Pharmacists Engage in Patient Care in the Perioperative Phase." *American Journal of Health-System Pharmacy*, 76(2), 83-90.
17. Reeves, S., et al. (2016). "Interprofessional Education to Improve Professional Practice and Healthcare Outcomes." *Cochrane Database of Systematic Reviews*, 3, CD002213.
18. Thien, H. S., et al. (2019). "The Importance of Laboratory Testing in Anesthesia." *Journal of Clinical Anesthesia*, 54, 41-48.
19. van Klei, W. A., et al. (2020). "Clinical Decision Support Systems and Their Potential Impact on Patient Safety." *Journal of Anesthesia*, 34(6), 883-892.

20. Wong, C. A., et al. (2019). "Role of the Pharmacist in Preoperative Medication Reconciliation: A Systematic Review." *American Journal of Health-System Pharmacy*, 76(2), 83-90.