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Preoperative Medicine Infobutton

Terrence J. Adam, MD, PhD

University of Minnesota, Edina, MN

Background: Preoperative medical exam consultations provide patient-specific medical risk assessment for patients undergoing surgical interventions. The primary preoperative evaluation focuses on cardiac and pulmonary risk assessments, medical condition optimization, and medication therapy evaluation. Beyond medical care optimization and risk stratification, consult reporting to the surgical and anesthesia providers is needed prior to the surgical intervention to facilitate recommendations. A Preoperative Medicine Infobutton solution can provide important clinical decision support and reporting capabilities by providing context-specific links to information resources at the point of care.¹

Purpose: The preoperative medical examination focuses on the clinical information needs of the surgical and anesthesia teams for peri- and postoperative medical care. One of the core diagnostic challenges is to provide risk stratification specific to the patient's procedural and clinical comorbidities. Many surgical and anesthetic interventions are not part of the usual expertise of the primary care physicians who are frequently the providers of preoperative evaluations. Decision support tools can help provide data for the preoperative practitioners to better assess procedural risk. In addition to surgical procedural information, knowledge management of specialty care recommendations is needed by the preoperative care providers. The use of an Infobutton tool provides a mechanism to support clinical work efficiency and insure that providers have up-to-date and easily accessible clinical information.

Description: Cardiac, pulmonary, and endocarditis prophylaxis guidelines provided by the respective specialty organizations were incorporated into the Infobutton tool. The guideline recommendations were supplemented with contextually pertinent literature resources to facilitate risk stratification decision support. Patient-specific data are entered into the Infobutton for decision support and information gathering at the point of care. Direct contextual Web links are also available to obtain relevant references for the underlying risk assessment tools and clinical guideline information. The data can then be output either in electronic or paper form for consult completion and communication. Key functional components include cardiac, pulmonary, neurologic, and functional status assessment.

Conclusions: The Preoperative Medicine Infobutton provides a potential mechanism to optimize preoperative evaluation and testing. Future work will involve additional refinement of the Infobutton tool by including additional medication management functionality and integration of additional context-sensitive information resources.

1. *The Infobutton Manager. The Infobutton Manager Columbia University Web site.* <http://www.dbmi.columbia.edu/cimino/Infobuttons.html>. Accessed December 22, 2008.