

Anesthesia Care Plan

Managing your IH symptoms before, during, and after a procedure involving anesthesia



The purpose of the **Anesthesia Care Plan** is to allow a person with IH, in conjunction with their doctors, to best prepare for a procedure that requires anesthesia and that might possibly impact IH symptoms and strategies for coping. It should not be completed without the assistance of healthcare professionals. However, **PLEASE NOTE** that this Plan is only a guide, to be used alongside our Guide "Anesthesia and Idiopathic Hypersomnia (IH)."^{**}

This form is based on our discussions with experts and their consensus opinion. But the suggestions in this form should not be considered the only acceptable "standard of care," as there can be local and individual variations in safe medical practice for patients with IH. Therefore, we caution you that compliance with this guide (or lack thereof) should not be considered a breach of any acceptable standard of care.

Patient Name: _____ **Patient DOB:** _____

Date of This Anesthesia Care Plan: _____

Diagnoses (include IH as well as other significant medical diagnoses):

Name and Phone Number of your IH Healthcare Provider (and other significant healthcare providers):

Describe your usual IH symptoms and how well they are controlled. Include symptoms such as your sleepiness, nap/sleep needs, cognitive function, automatic behaviors, autonomic symptoms (such as lightheadedness on standing, urinary frequency, etc). Include information about your other medical issues, if needed.

Date of your most recent sleep studies, and, if possible, have them available for review:

List your medications, both prescription and over-the-counter medications, including the timing and dosage:

List allergies or sensitivities to medications. Include your usual response to opioid pain medications. You may also need to alert healthcare providers to avoid sedating medications, as much as possible, because they may worsen your IH symptoms.

Anesthesia Care Plan

List any problems during anesthesia or surgery in the past.

List which medications your healthcare providers have advised you to avoid around the time of your procedure and any substitute treatments recommended. (Note that it is important to resume your regular medication schedule as directed by your treatment team, after careful consideration of possible drug interactions, and to have a goal of resuming your regular medications as soon as possible to avoid worsening of your IH symptoms.)

If/when you can't take oral medications, have your healthcare providers recommended (either now or in the past) appropriate substitutes? (Although there are very few IH medications with non-oral substitutes, your providers may recommend substitutes for your other medications.)

To facilitate a short and complete recovery, it may be reasonable to request: 1) use of shorter-acting anesthetics; 2) limitation of opioid use; and/or 3) use of regional anesthesia, wherever applicable. Please note below if these have been discussed and what options (if any) are available for your procedure.

Will there be any extra care or monitoring planned for your procedure, such as depth of anesthesia monitoring?

Who will be your escort to take you home and to confirm that you will not be driving or operating heavy machinery within the next 24-48 hrs?

Name: _____ Relationship: _____

Contact number: _____

Additional Notes:

* hypersomniafoundation.org/anesthesia-and-ih

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