

# Anesthesia/Hospital Care Plan

Managing hypersomnia symptoms before, during, and after a hospitalization or anesthesia



**The purpose of this Care Plan** is to allow person(s) who have IH (PWIH) or a related sleep disorder, in conjunction with their doctors, to best prepare for a hospitalization or anesthesia, either of which might affect hypersomnia symptoms and strategies for coping. PLEASE SHARE this Plan along with sleep studies and the *Guide to Anesthesia, Hospitalization and Idiopathic Hypersomnia*.\* This form is based on our discussions with experts and their consensus opinion. 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, compliance with this guide (or lack thereof) should not be considered a breach of any acceptable standard of care.

\* [hypersomniafoundation.org/anesthesia-and-ih](http://hypersomniafoundation.org/anesthesia-and-ih)

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date of This Care Plan** (Be sure to provide/use the most recent version): \_\_\_\_\_

Diagnoses (include IH/related sleep disorder as well as other significant medical diagnoses):

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

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

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

List medications, both prescription and over-the-counter, including their frequency, timing and dose.

Describe usual response to opioid pain medications, which may be conversely stimulating in PWIH. (In general, avoid sedating medications as much as possible because they may worsen hypersomnia symptoms.)

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List allergies or sensitivities to medications.

List any problems during anesthesia, surgery, or hospitalizations in the past (attach records).

List which medications to avoid around the time of anesthesia and/or hospitalization and any substitute treatments recommended. (Note that it is important to resume the regular medication schedule as directed by the treatment team, after careful consideration of possible drug interactions, and to have a goal of resuming regular medications as soon as possible to avoid worsening of hypersomnia symptoms.)

If/when oral medications can't be taken, are there appropriate substitutes? (Although there are very few medications for hypersomnias with non-oral substitutes, other medications may have substitutes.)

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 the procedure.

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

If needed, who will be the escort home and confirm no driving or operating heavy machinery within the next 24-48 hours?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact number: \_\_\_\_\_

Additional Notes:

Developed by the Hypersomnia Foundation and approved by its Medical Advisory Board and PAAC (Patient Advisory and Advocacy Committee), with contributions by Dr. Sena Aflaki and Dr. Mandeep Singh, Department of Anesthesiology and Pain Medicine, Women's College Hospital, and Toronto Western Hospital, University Health Network, University of Toronto.