The possibility of performing adequate anaesthesia largely depends upon pre-operative examination and evaluation of the patient. The anaesthetist must know his patient and co-ordinate this knowledge with his strategy in using drugs and methods for performing anaesthesia. It is equally important that the patient knows his anaesthetist and has confidence in him. Pre-anaesthetic visits and examinations are therefore essential for routine work. Use of a fixed schedule as follows or an anaesthetic protocol helps to achieve a systematic pre-operative examination. Make sure it is the right patient and know the weight, length and age. A picture of the patient’s condition can be evaluated through:

1) Patient’s history
2) Clinical examination
3) Laboratory investigations

3.1 History of the patient (see Table 3.1)

3.2 Clinical Examination

3.3 Laboratory Investigations

3.4 Summary

Pre-anaesthetic examination helps to establish an over-all picture of the patient, according to which he can be put into one of the five following classifications for anaesthesia:
1) Normal healthy patient (aside from his surgical problems)
2) Patient with mild systemic diseases, 11.5 g % Hgb., slight cough and hypo-or hypertension is considered fit for anaesthesia.
3) Patient with severe systemic disease that limits activity; Hgb. less than 10 g% pure bronchitis; beginning C.C.F., needs treatment first.
4) Patient with an incapacitating systemic disease which is a threat to life: C.C.F., shock, severe lung insufficiency, etc., is in a very poor condition for anaesthesia. Energetic treatment indicated.
5) Moribund patient where death is to be expected.

Nevertheless, there are situations calling for emergency surgical treatment: bleeding peptic ulcer, intussusception etc. In such cases surgery is prior to the treatment of the other problems. These cases call for emergency anaesthesia and the anaesthetic strategy has to be adapted to the needs of the situation.