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Pre-operative Patient Evaluation

Intermed ASC

Policy: Outpatient surgery performed at the Intermed Ambulatory Surgery Center is not appropriate for many patients due to the combination of surgical and anesthetic risk as well as pre-existing medical co-morbidities. Only patients whose physical status and planned surgery are appropriate for safe outpatient care will be considered for surgical care at this facility.

Process:

The patient shall be scheduled for admission to the ASC by the attending surgeon.

The ASC nurse will conduct initial patient data collection and phone interview.

If the nurse is concerned that the patient may not be appropriate for ASC surgery according to the patient selection criteria, the chart will be reviewed with a staff anesthesiologist.

The anesthesiologist may then proceed with one of the following:

- Request additional medical record information
- Request a pre-operative consultation (office visit) with a staff anesthesiologist
- Accept the patient for the scheduled procedure
- Decline the patient as an ASC candidate

If the patient is deemed to be inappropriate for surgery, the anesthesiologist will contact the attending surgeon. Although consultation with the surgeon may be pursued in cases of uncertainty, the final decision will be solely that of the anesthesiologist.

Patient Selection Criteria

Patients offered surgery at the ASC must meet criteria for ASA physical status class 1 and 2. ASA class 3 patients may be accepted for surgery if their medical conditions are under good control, subsequent to anesthesiologist review and approval.

Criteria for more specific conditions are as follows, and patients with these conditions are not candidates for surgery in this ASC:

1. Cardiovascular
 - a. Unstable coronary artery disease, or any history of stable angina within the previous 12 months
 - b. ECG suggestive of ischemia
 - c. Left bundle branch block, in the absence of previous cardiology evaluation of such
 - d. Symptomatic or unstable cardiac arrhythmia, congestive heart failure, or cardiomyopathy, except for minor peripheral procedures in stable patients after anesthesia review and approval
 - e. Untreated or poorly controlled hypertension, other than mild in degree, diastolic < 106, and systolic < 166
 - f. Valvular stenosis, other than mild in degree
 - a. Implanted cardiac defibrillators and/or pacemakers, except for minor procedures that will require no use of electrocautery, after anesthesia review and approval

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- b. Patients with any history of cardiac disease must undergo record review by anesthesia staff to include a cardiology report.
- 2. Pulmonary
 - a. COPD/asthma
 - i. Moderate to severe degree, as indicated by $spO_2 < 95\%$, home oxygen treatment, or $pCO_2 > 45$
 - ii. Chronic bronchitis other than mild in degree
 - b. Central sleep apnea
 - c. Obstructive sleep apnea, other than mild in degree
 - d. Active respiratory infection
 - e. Respiratory infection within the previous three weeks requires anesthesiologist approval
- 3. CNS/Psychiatric
 - a. Delirium, acute, or prior history of post-op delirium
 - b. Dementia, unless mild in degree, and in a procedure needing only MAC anesthetic
 - c. Chronic psychosis, unless mild in degree and medically stable
 - d. Alcoholism
 - i. Chronic, uncontrolled
 - ii. Acute intoxication, suspected on the day of surgery
 - e. Chronic substance abuse
 - f. Suboxone/Subutex treatment requires anesthesiologist review and approval. Failure to follow the pre-operative medication directions will be grounds for case cancelation.
 - g. History of TIA's or strokes within the previous 3 years. Anesthesiologist approval required for any prior history of such.
- 4. Endocrine
 - a. Diabetes
 - i. Poorly controlled diabetes, as indicated by the most recent Hgb A1C level $\geq 8\%$ or home glucose often > 250 . Patients exceeding these parameters may be considered when having minor peripheral procedures, after anesthesia review and approval.
 - ii. All diabetic patients must have in their possession a functional glucometer on the day of surgery.
 - iii. Due to the risk of multisystem disease, the charts on all diabetic patients must be reviewed by an anesthesiologist prior to acceptance of scheduling at the ASC.
 - b. Untreated hypothyroid or hyperthyroid states
- 5. Obesity
 - a. Non-airway surgery and not requiring endotracheal intubation
 - i. Any patient with $BMI > 37$ requires anesthesiologist approval
 - ii. Patients with $BMI \geq 40$ are excluded
 - b. Airway surgery, or any procedure requiring endotracheal intubation (e.g. laparoscopies)
 - i. Any patient with $BMI > 39$ is not a candidate
 - ii. Patients with $BMI > 35$ require anesthesiologist approval
 - iii. Any patient who weighs in excess of 300 lb, (136 kg), which is the weight limitation of the OR table.
- 6. Renal Disease: Any patient with stage 4 or 5 disease. Patients with stage 3 disease require anesthesiologist review and approval.
- 7. Liver disease:
 - a. Patients with acute hepatitis
 - b. Patients with mild chronic hepatitis require anesthesiologist review and approval
 - c. Patients with a history of cirrhosis require anesthesiologist review and approval
- 8. Anemia

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- a. Any patient with acute anemia, hematocrit < 35, unless blood loss (eg fetal demise) has stopped, and patient is hemodynamically stable, requires anesthesiologist review and approval
 - b. Chronic stable anemia with a hematocrit < 33, unless minor peripheral surgery with no risk of blood loss, requires anesthesiologist review and approval
9. Coagulopathy
- a. Thrombocytopenia, < 100,000, unless minor peripheral procedure with anesthesiologist approval
 - b. Any patient on chronic warfarin or heparin who has not complied with pre-operative instructions
 - c. Patients with any other active coagulopathic conditions
10. Any patient with mediastinal adenopathy
11. Any patient with personal or family history of malignant hyperthermia
12. Any patient with a history of atypical pseudo-cholinesterase. Patients with a family history of such must have a chart review by anesthesia.
13. Any patient with a history of difficult intubation, or likely to be at risk for such
14. Patients with severe latex allergy (anaphylaxis) are not candidates for the ASC. Questionable situations require anesthesia chart review and/or consultation with the patient prior to the day of surgery.
15. Any patients being treated with MAO Inhibitors who cannot have them discontinued for two weeks prior to surgery. *
16. Age > 79 requires anesthesia consultation and approval.

* MAO Inhibitors include Emsam (selegiline), Marplan(isocarboxazid), Nardil(phenelzine), Parnate, tranlycypromine)