

Fore River Surgical Exclusion Criteria, Elective Or Emergent Cases		Surgical Services; Clinic for Surgical Services
	<i>Replaces Policy</i>	N/A
	<i>Date Effective</i>	Recommended by Peer Review Committee 03/13/13
	<i>Date Revised</i>	Modified and Approved by Dept. of Surgery 03/14/13; Modified and Approved by Medical Executive Committee 03/19/13; 04/24/15
	<i>Date Reviewed</i>	04/24/15
	<i>Applicability</i>	Surgical Services, Anesthesiologist, NP, PA, RN

/s/ Anthony C. Miller, MD 4/21/15
 Chief of Anesthesia Date
 Medical Director, Clinic for Surgical Services

/s/ Lucy Bauer, MSN, CRNA 4/21/15
 Director of Surgical Services Date

MERCY HOSPITAL VALUE: Excellence

We strive for the highest standards of care for our patients' physical, mental and spiritual needs. We encourage our associates to do the same in their personal and professional lives.

POLICY

In order to maximize patient safety and reduce the risk of transfer from the Fore River to the State Street Campus for Intermediate or Intensive Care, the following guidelines are established by the Medical Staff: Fore River Surgical Exclusion Criteria for Elective or Emergent Cases (most current version of Appendix A).

The Fore River Surgical Exclusion Criteria for Elective or Emergent Cases are guidelines based primarily on patient comorbidities. The nature of the surgical procedure should also be considered in deciding whether or not a case is appropriate for Fore River.

These classifications will be approved by the Department of Surgery and Medical Executive Committee and published as in a format available to the Charge Anesthesiologist, OR Manager, and Director of Surgical Services.

PROCEDURE

- Elective cases are screened for the criteria by Clinic for Surgical Services (CSS) nurses, physicians assistants, nurse practitioners, and/or anesthesiologists. Final determination is made by the CSS Medical Director if there is difficulty in reaching consensus.
- Emergent cases are screened by the Charge or On-call anesthesiologist.

APPENDIX A

Fore River Surgical Exclusion Criteria for Elective or Emergent Cases

Note: For patients scheduled for an outpatient procedure anticipated to last more than one hour or scheduled for an inpatient procedure: Even if no conditions match exclusion criteria listed below, if three or more comorbidities approach any of the criteria, a risk assessment should be done by the anesthesiologist and hospitalist (if consulted) to determine the optimum location for the scheduled surgery.

1. CNS
 - a. Delirium
 - i. Acute
 - ii. History of severe post-op delirium (unresponsive to reassurance or haloperidol), except for peripheral procedures under MAC
 - b. Dementia, severe (unable to communicate or cooperate)
 - c. Acute intoxication
 - d. Acute substance withdrawal, including alcohol
 - e. Buprenorphine (Suboxone[®], Subutex[®], BuTrans[®], Zubsolv[®], et al.) use and failure to follow [preoperative protocol](#)
 - i. Note also: No patients taking buprenorphine may have emergent surgery at Fore River except for cesarean sections
 - f. Acute psychosis
 - g. Stroke within last 6 months with residual deficit for major urologic, gynecologic, or total joint surgery **requires anesthesiologist approval**
 - h. Elevated intracranial pressure
2. Cardiovascular
 - a. Acute coronary syndrome/unstable angina/ECG suggestive of ischemia
 - i. Includes new LBBB
 - ii. Includes MI/ACS within last 30 days
 - iii. MI/ACS > 30 days, but < 6 mos. **requires anesthesiologist approval**
 - b. Valvular stenosis, moderate to severe
 - i. Moderate stenosis might be acceptable for elective cases if there has been an echocardiographic evaluation within the last year; **requires anesthesiologist approval**
 - ii. Includes moderate to severe Hypertrophic Obstructive CardioMyopathy
 - c. Severe pulmonary hypertension
 - d. Symptomatic/unstable arrhythmia
 - i. Includes new bradycardia
 - e. Uncompensated CHF
 - f. Cardiomyopathy with LVEF <= 30%, except for peripheral procedures under MAC
 - g. Acute hypotension, including sepsis
3. Pulmonary
 - a. Acute exacerbation of bronchospastic disease
 - b. Baseline PCO₂ > 55 mmHg
 - c. Baseline oxygen requirement > 3 lpm
 - d. Active infection

4. Endocrine
 - a. Diabetic ketoacidosis
 - b. Hyperosmolar diabetic crisis
 - i. Includes glc persistently > 300 despite treatment
 - c. Acute thyrotoxicosis or myxedema

5. Other
 - a. BMI greater than 50 for major urologic, gynecologic, or total joint surgery **requires anesthesiologist approval**
 - i. BMI greater than 40 for major urologic, gynecologic, or total joint **and** chronic opioid use > 50 mg IV morphine equivalents/day **requires anesthesiologist approval**
 - b. Age > 90 **requires anesthesiologist approval**
 - c. Inpatient child less than 16 years old
 - d. Sickle cell crisis
 - e. Renal failure requiring dialysis or eGFR < 15 mL/min, except for peripheral procedures under MAC
 - f. Acute hyponatremia or hyperkalemia
 - g. Liver failure, end-stage cirrhosis
 - h. Acute anemia, hematocrit < 30% (hemoglobin < 10 g/dL), acute bleeding (except incomplete abortion patients who are hemodynamically stable)
 - i. Coagulopathy, thrombocytopenia (< 75K)
 - i. Includes warfarin or heparin anticoagulation in emergent patients

MERCY HOSPITAL POLICIES AND PROCEDURES REVIEW FORM

Policy name	Fore River Surgical Exclusion Criteria for Elective or Emergent Cases		
Policy location	Surgical Services	New policy?	__Yes __X_No
Policy Owner – Name, Title	Anthony Miller, MD Chief, Division of Anesthesia		
Review initiated (date)	March 16, 2015	Review completed	March 18, 2015
Reviewed for: <i>(check all that apply)</i>	x	Relevance to other policies/procedures	
	x	Relevance to Standards of Care/Practice	
	x	Regulatory requirements	
	x	Ethical and legal concerns	
	x	Documentation of evidence-based practice	
	x	Feedback from key stakeholders	
Reviewed by (Individuals, committees)	Date of review	Reason for review	
Peer Review Committee	3/17/15	<input checked="" type="checkbox"/> NEW POLICY <input type="checkbox"/> 3-year review: no changes needed <input checked="" type="checkbox"/> REVISED POLICY <i>(briefly describe revisions)</i> <ul style="list-style-type: none"> The removal of restrictions for sleep apnea. This reflects the newly added monitoring. An expanded list of buprenorphine-containing drugs for which a preoperative protocol must be applied. (Two other drugs have joined Suboxone and Subutex.) Removing the need for anesthesiologist notification for outpatient children. (This was based upon equipment needs that no longer apply.) <input type="checkbox"/> DISCONTINUE POLICY <i>(brief reason below)</i>	
Department of Surgery	3/17/15		
Medical Executive Committee	4/24/15		
Samuel Scott, MD, Chief, Department of Surgery	3/18/15		
Anthony Miller, MD Chief, Division of Anesthesia	3/16/15		
Lucy Bauer, Director of Surgical Services	3/17/15		