

| | | |
|---|--------------------------------|---------------------------|
| CHS Anesthesia Pre Surgical Testing Guidelines and IV Protocol for Same Day Surgery Patients | Guideline No.: | CHS ANESTHESIA G-2 |
| | Original Policy Date: | 7/14/15 |
| | Revision Dates: | 09/02/15 |
| | Review Dates: | |
| | Approval: | |
| | Chief of Anesthesia CHM | |
| | Chief of Anesthesia CHW | |
| | Director Surgical Services CHM | |
| | Director Surgical Services CHW | |

GUIDELINES: The following guidelines will be used for pre-surgical testing and IV protocol for same day surgery patients. Any of the following may be waived at the discretion of the anesthesia provider based on patient assessment.

A. Straight Local Cases:

1. Testing not required unless requested by Physician/Anesthesiologist.
2. Pregnancy testing per guidelines if patient is having urodynamics or procedures requiring x-ray.

B. MAC/Procedural Sedation:

1. Testing not required unless requested by Physician/Anesthesiologist.
2. Pregnancy testing per guidelines
3. PT, INR will be performed on patients taking Coumadin 72 hours after last dose of medication or the day of procedure/surgery, whichever comes first with the exception of non-invasive cases.

C. Other Anesthesia Types:

1. **EKG** - required for men age 45 and older and women age 50 and older completed within past 6 months
2. **CHEST X-RAY** - Not required unless requested by Physician/Anesthesiologist
3. **CMP and CBC** – Within 4 weeks of procedure/surgery for patients on dialysis or patients diagnosed with end stage liver disease.
4. **ELECTROLYTES** – Drawn day of procedure/surgery for dialysis patients; within one week for patients taking diuretics.
5. **PT, INR** – Will be performed on patients taking Coumadin 72 hours after last dose of medication or the day of procedure/surgery, whichever comes first.
6. **THYROID LEVELS** – Will be performed on all patients taking thyroid medication or having thyroid surgery. Thyroid levels are good for 6 months.
7. **ACCUCHECK** – Will be performed on the morning of procedure/surgery on diabetic patients unless glucose level is included in lab work drawn the day of procedure/surgery.
8. **PEDIATRIC PATIENTS (UNDER 18 YEARS OF AGE)**
 - i. Testing not required unless requested by Physician/Anesthesiologist.
 - ii. Pregnancy testing per guidelines.
9. **CBC/CMP AND MRSA SWAB** – will be performed on total hip arthroplasty and total knee arthroplasty procedures at or near time of procedure being scheduled.

D. Pregnancy Testing Guidelines:

1. Menstruating females
2. Menopausal women must be period free for over one year.
3. Patients that have had a tubal ligation are still required to have HCG/UCG.
4. HCG/UCG is good for 7 days. Day of collection is day 1.

E. IV Protocol Upon Arrival to Same Day Surgery

1. IV LR 1000 mL with anesthesia tubing and run at 42 mL/hr
2. **Except For:** children 10 years old and under; patients scheduled for local anesthesia; and dialysis patients
3. **For dialysis patients** – IV 0.9% NaCl 1000 mL with mini gtt tubing

| | | |
|---|--------------------------------|---------------------------|
| Anesthesia Guidelines for Pre-Operative Home Medications | Guideline No.: | CHS ANESTHESIA G-3 |
| | Original Policy Date: | 02/14/12 |
| | Revision Dates: | 9/1/15 |
| | Review Dates: | 2/13 |
| | Approval: | |
| | Chief of Anesthesia CHM | |
| | Chief of Anesthesia CHW | |
| | Director Surgical Services CHM | |
| | Director Surgical Services CHW | |

GUIDELINES:

- A. The nurse will instruct the patient on appropriate pre-op medications to take according to these guidelines.
1. Diuretics are not to be taken unless the patient is taking a diuretic combination medication.
 2. Blood pressure medication including all beta blockers should be taken in the morning of surgery with a small sip of water.
 3. Heart medication is reviewed, as all medications, and patient instructed to take as directed with small sip of water.
 4. All anti-seizure medication must also be taken the morning of surgery with a small sip of water.
 5. Anticoagulants must be reviewed on an individual basis. The recommended time to stop anticoagulants is at least three (3) days prior to surgery. This final decision is made by the patient's physician. The nurse's responsibility is to coordinate this decision with the patient, and to make sure the Surgeon and Anesthesiologist are aware.
 6. General guidelines given to all patients restrict the use of aspirin 7-10 days prior to surgery, if they are taking aspirin on their own as a prophylaxis. If they have been prescribed aspirin they need to check with their prescribing physician about when to stop taking prior to surgery. All anti-inflammatory medications should be stopped three (3) days prior to surgery.
 7. Insulin dependent patients or patient on oral diabetic agents are instructed not to take their morning dose of medication, because they will not be eating in the morning. Blood sugar will be done on admit and results reported to the Anesthesiologist for further instruction. Patients taking a pm dose of insulin should ask their prescribing physician regarding what dose to take the night before surgery.
 8. Asthmatics are instructed to use their inhalers as necessary and to bring their inhalers with them the morning of surgery. Also, any p.o. medication for asthma taken on a regular basis should be taken in the morning of surgery with sip of water.

9. Patients on MAO inhibitors will be evaluated by the Anesthesiologist.
 10. Patients using eye drops for glaucoma are instructed to use drops as usual prior to surgery.
 11. Patients on thyroid medication are instructed to take thyroid medication in morning of surgery with a sip of water.
- B. Any questions regarding unusual medication or complicated histories should be directed to the Anesthesiologist.

PRE-SURGICAL PHYSICIAN ORDERS TOTAL JOINT SURGERIES **FOR TOTAL JOINT PATIENTS ONLY**

- Centegra Hospital-McHenry Phone: 815-759-4710 Fax: 815-759-4665
 Centegra Hospital-Woodstock Phone: 815-334-3166 Fax: 815-334-3138
 Admit Post OP Surgical Outpatient Surgical

Patient Name: _____ Birthdate: _____ Age: _____
 If Minor, Parent/Guardian Name _____ Male Female
 Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Surgeon: _____ Surgeon Asst: _____
 Primary Care Physician: _____ Admitting Physician: _____
 H&P Done By: _____ Office Notified: Yes No
 H&P Completed by PCP Requires Additional Diagnosis: _____
 Admitting Diagnosis: _____ ICD-10 Code: _____
 Permit to Read: _____

Surgery Date: _____ Time: _____ Anesth. Type: General Spinal MAC Choice Local
 Anesthesia Consult For: Regional Block Continuous Regional Block

PRE-SURGICAL TESTING Surgical Orders Received: _____ Initials: _____

Pre-surgical orders According to Anesthesia Guidelines No.: CHS ANESTHESIA G-1
 Lab Testing Site: CHS Other: _____ EKG Testing Site: CHS Other: _____ Pre-Surgical Testing Date: _____

ADDITIONAL TESTS (ICD-10 Code Required) * If Medicare recipient, complete ABN for Medicare limited frequency/medical necessity - see back

| | Ordered | ICD-10 | Completed | | Ordered | ICD-10 | |
|------------------|---------|---------|-----------|--------------------------------|---------|---------|--|
| *CBC | | Z01.812 | | EKG | | Z01.810 | |
| Lytes | | Z01.812 | | *Chest X-ray | | Z01.810 | |
| BMP | | Z01.812 | | Clot Tube | | | |
| CMP | | Z01.812 | | Type & Screen | | | |
| HCG (qual) | | Z01.812 | | Type & Crossmatch (# of units) | | | |
| *Urinalysis | | Z01.812 | | Autologous (# of units) | | | |
| *Pro Time | | | | MRSA swab | | | |
| *PTT | | | | Other test: | | | |
| *Thyroid Cascade | | | | Other test: | | | |

Draw 1 extra tiger top tube (protect from light)

ADDITIONAL ORDERS

ALLERGIES: _____
 Height: _____ Weight: _____ Latex Allergy
 History Of: MRSA VRE C-Diff
 Sequential Stockings: Knee Hi Thigh Hi
 AE Stockings: Knee Hi Thigh Hi
 AE Boots
 Prophylactic Antibiotic: _____
 Implement Adult Patient Pre-operative Antibiotic Protocol for _____ (service)
 (If GI, please specify procedure)
 Prep & Clip: _____
 Requested Length of Case: _____
 OR Special Equipment Needs: _____
 Additional Orders: _____

Instruct Patient to:
 3 Days Prior to Surgery - Shower or bathe with 4% Chlorhexidine Gluconate soap.
 Day of Surgery - Apply 2% Chlorhexidine Gluconate to surgical site prior to procedure.

Physician Signature: _____ ID# _____ Date: _____ Time: _____