

ELMHURST OUTPATIENT SURGERY CENTER

POLICY/PROCEDURE:	Pre-Admission Assessment and Screening	EFFECTIVE DATE:	05/20/1999
SECTION:	Perioperative	LAST REVISION:	02/17/2010; 05/07/2010; 09/13/2010; 02/28/2011; 12/21//2011; 5/17/2012; 8/8/2012, 9/25/2012, Reviewed 2/08/2013; 8/1/13

OBJECTIVES

- To identify the process for pre-operative assessment.
- To identify the process for patient selection based on the following factors:
 - Discovery or identification of a disease or disorder which may affect peri-operative anesthetic care.
 - Verification or assessment of an already known disease, disorder, medical or alternative therapy which may affect peri-operative anesthetic care.
 - Formulation of specific plans and alternatives for peri-operative anesthetic care.
 - Screening for susceptibility to malignant hyperthermia (MH) including a review of the patient's history and the patient's family history of prior anesthetic complications and/or MH. If the patient is deemed susceptible to MH, the surgery will be canceled per the EOSC patient selection policy.

Patients who may not be appropriate candidates for procedures using the femtosecond laser.

POLICY COMPONENTS

Initial Nursing Assessment

Pre-admission nursing staff conducts interviews on all patients, or the patient's designee, prior to surgery. After verifying the patient and procedure, the assessment is conducted using the on-line Medical Passport module and includes the following:

- Allergies
- Current medications (name only)
- Medical, social, anesthesia and surgical history
- Anesthesia and surgical complications
- Recent hospitalizations (12 months) and diagnostic testing

Nursing staff will review administrative issues including a verbal overview of EOSC's policy on advance directives, patients' rights and physician investors. Staff will provide information on how to prepare for surgery, arrival times, what to bring with on the day of surgery, etc.

Note that some of the above information (e.g., medical history, medications) may be provided by the surgeon at the time the case is scheduled. This information is re-verified during the assessment call.

Patients that are added to the schedule on the same day, based on medical necessity and appropriateness of the ASC setting, have the same nursing assessment conducted by the pre-operative nursing staff. This assessment is completed on paper and includes the same components as identified above.

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Follow-up Nursing Assessment – Subsequent Procedures

If nursing staff is unable to reach a patient for a subsequent procedure, a message with the following information will be left as long as the patient previously identified a voice mail where a secure message can be left or another individual with whom EOSC may discuss PHI:

- Arrival time
- NPO instructions (if applicable)
- Administrative instructions for day of surgery (e.g., ride required, ID required)
- Statement to call EOSC if there has been any change in the patient's medical condition since the last procedure or if there were any problems arising from anesthetics from the last procedure (if applicable)

"Subsequent procedure" is defined as within 45 days of another procedure performed at EOSC. This applies to all patients, regardless of whether the patient received anesthesia.

Patient Screening

EOSC performs low-risk, non-cardiac surgery. Based on the initial nursing assessment, some patients require additional review or testing prior to surgery. Those patients are identified below:

Pregnant patients

- The surgeon scheduling the case must obtain written clearance from the patient's Obstetrician/Gynecologist prior to performing the procedure. This clearance is required for all cases including local and IVCS. See the *Anesthesia review prior to surgery* section for pregnant patients scheduled for MAC or general anesthesia.
- Pregnant patients require prior review by Anesthesia if scheduled for general or MAC anesthesia. After the surgeon obtains clearance from the patient's OB/GYNE, the case should be reviewed and cleared by Anesthesia.

Catalys (Femtosecond Laser) Patients

- Patients with a BMI > 40 are not eligible for treatment with the Catalys.

Testing PRIOR to surgery (ordered by pre-admission nursing staff):

- End stage renal disease: potassium level on day before surgery (may be post-dialysis)

Anesthesia to review prior to surgery for MAC, general, and/or regional block cases. Surgeon to review for IVCS cases:

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- Active cardiac condition: This includes acute MI, unstable or severe angina (CP), decompensated heart failure, severe valvular disease, significant arrhythmia.
- Functional capacity < 4 mets.
- Obstructive sleep apnea.
- BMI > 40.
- AICD and Pacemaker: Prior to review by Anesthesia and/or the Surgeon, the pre-admission nursing staff should obtain:
 - Evidence of pacemaker and AICD check within 90 days of surgery for all patients
 - History on reason for device, type and manufacturer
 - Complete PACER Questionnaire
 - Anesthesia and/or the Surgeon will indicate whether the manufacturer must be present on the day of surgery to restore the device.
 - Cataract or retinal surgery procedures are excluded from prior review by the Anesthesiologist and/or Surgeon. All other cases, including eye muscle or eyelid surgery, will require review by the Anesthesiologist and/or Surgeon.

Testing performed DAY OF surgery:

- Diabetes: glucose level on day of surgery
- Possibility of pregnancy: pregnancy test day of surgery

Medication Guidelines – Local Patients

- Patients receiving local anesthesia may take regularly scheduled medications the morning of surgery.

Medication Guidelines – Anesthesia Patients (General, MAC, IVCS)

Patients may take the following:

- Breathing medications (PO or inhaled) if needed; bring medications on day of procedure
- Cardiac and antihypertensive meds with a sip of water; including beta blockers or diuretic-beta blocker combination medications
- Eye drops, if not having eye surgery
- GERD medications, with a sip of water
- Insulin – half of normal dose of long acting insulin (no regular insulin – see below)
- Pain medications if necessary for patient comfort, with a sip of water
- Seizure medications, with a sip of water

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- Steroids (PO and inhaled)
- Thyroid medication

Patients MAY NOT take the following:

- Antidepressants
- Diuretics
- Hypoglycemic (oral) agents
- Insulin (regular insulin, not insulin pump); patient should bring insulin on day of procedure

Patients should check with their treating physician on the following:

- Anticoagulants or antiplatelets
- Anti-inflammatory or NSAIDS
- Aspirin

Patients should stop the following prior to surgery:

Medication

MAO inhibitors

Herbal supplements, including vitamins

Male/female enhancement medications

Diet medications

Fish oil or chondroitin

Alcohol or recreational drugs

Stop Date

2 weeks prior to surgery (notify prescribing physician)

1 week prior to surgery

1 week prior to surgery

1 week prior to surgery

24 hours prior to surgery

24 hours prior to surgery

If surgery is scheduled before the allotted stop time identified above, review with anesthesia.

NPO Guidelines

All patients scheduled for MAC, general anesthesia, or intravenous conscious sedation (IVCS) will receive instructions to be NPO for solids and liquids after midnight the day of their procedure. Modifications may be made for infants and children that consume infant formula, non-human milk, or breast milk or for patients that are diabetic and scheduled after 12:00 p.m. These patients will be reviewed on a case by case basis by the Anesthesiologist for MAC or general cases or the Surgeon for IVCS cases. If approved by Anesthesia or the Surgeon, these patients, parents, and/or legal guardians should be instructed using the following guidelines:

Ingested Material	Minimum Fasting Period
Clear liquids limited to 1 to 2 glasses of: water, apple juice, 7up, ginger ale	3 hours

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Breast milk	4 hours
Infant formula	6 hours
Non-human milk	6 hours

AUTHORITY AND RESPONSIBILITY

The Director of Clinical Services, in conjunction with all Managers/Directors/Coordinators, is responsible for enforcing this policy.

EVALUATION AND IMPROVEMENT

The evaluation and effectiveness of this policy is conducted by the Director of Clinical Services and reported to the PCC, CRC and Board of Managers as appropriate. Included in the evaluation are recommendations for changes based on trends, incidents, exposures, best practices, regulatory standards or the results of new scientific research. The CRC or Board of Managers may also provide direction on additional measures they wish the Director of Clinical Services to implement in order to ensure the objectives of the policy are met.

REFERENCES

American Society of Anesthesiologists: *Statement of Routine Laboratory and Diagnostic Screening*. Approved by the ASA House of Delegates on October 15, 2003 and last amended on October 22, 2008. American Society of Anesthesiologists Practice Advisory for Pre-anesthesia Evaluation: *Anesthesiology* 2002; 96:485-496. Amended in 2003.

Bobbie Jean Sweitzer, MD: Preoperative Evaluation and Preparation. Chicago, Illinois.

Lippincott Williams & Walkins, Inc., ed. "Practice Guidelines for Pre-Operative Fasting and Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Health Patients Undergoing Elective Procedures." *Anesthesiology* 90.3 (1999): 896-905.

ACC/AHA Algorithm for Cardiac Evaluation for Non-Cardiac Surgery.

Malignant Hyperthermia Association of the United States (MHAUS): Guide to Malignant Hyperthermia in an Anesthesia Setting, 2012 (www.mhause.org).