

Anesthesiologists and Hospitalist Preoperative Medication Recommendations

Antihypertensives

ACEI/ARBs	Only continue if this is the only antihypertensive medication patient is on
Beta Blockers	Continue
Calcium Channel Blockers	Continue
Diuretics <i>(Thiazides and loop acting such as Furosemide)</i>	Continue

Diabetes Medications

Metformin and other Oral Meds	Hold on day of procedure
Non-Insulin Injectable Meds <i>(such as Victoza)</i>	Hold on day of procedure
Long Acting Insulin	<ul style="list-style-type: none"> • Once daily <ul style="list-style-type: none"> - Evening: continue unless instructed otherwise by hospitalist, PCP, or endocrinologist - Morning: continue unless instructed otherwise by hospitalist, PCP, or endocrinologist • Twice daily <ul style="list-style-type: none"> - Continue unless instructed otherwise by hospitalist, PCP, or endocrinologist
Combo Insulin	<ul style="list-style-type: none"> • Once daily <ul style="list-style-type: none"> - Evening: Continue the night before procedure - Morning: Hold on day of procedure • Twice daily <ul style="list-style-type: none"> - Hold on day of procedure
Short Acting Insulin	Hold on day of procedure
Insulin Pump	Continue basal rate as instructed by physician managing it

Anti-Coagulants

ASA	As directed by managing PCP/physician, cardiologist, neurologist or surgeon
Warfarin	As directed by managing PCP/physician, cardiologist, neurologist or surgeon
ADP Receptor Inhibitors (<i>like Clopidogrel (Plavix)</i>)	As directed by managing PCP/physician, cardiologist, neurologist or surgeon
Direct Thrombin Inhibitors (<i>like Dabigatran (Pradaxa)</i>)	As directed by managing PCP/physician, cardiologist, neurologist or surgeon
Direct Xa Inhibitors (<i>like Rivaroxaban (Xaralto), Apixaban (Eliquis)</i>)	As directed by managing PCP/physician, cardiologist, neurologist or surgeon
Lovenox/Heparin	As directed by managing PCP/physician, cardiologist, neurologist or surgeon

NSAIDS

Short Acting	Hold 1 day prior to procedure
Intermediate Acting	Hold 3 days prior to procedure
Long Acting (<i>like Meloxicam</i>)	Hold 10 days prior to procedure

Pain Management/Addiction

Suboxone	Hold 3 days prior to procedure
----------	--------------------------------

Multivitamins

Multivitamins	Hold on day of procedure unless directed otherwise by surgeon or PCP
---------------	--

Rheumatological Meds

DMARDs (such as Hydroxychloroquine, Methotrexate, etc)	Continue without stopping
Biologics (such as Humira)	Direct patients to see their Rheumatologist or the hospitalist group. Each biologic has its own suggested pre and post cessation period. Also the severity of disease would influence the recommendations.

NPO instructions for adults

Solids	8 hours prior to coming in for procedure
Milk	6 hours prior to coming in for procedure
Clear liquids	2 hours prior to coming in for procedure

GHEI Ophthalmology Preop Tests

Cataracts	<ul style="list-style-type: none">• No EKG• No labs
Corneal transplant, Trabeculectomy, low risk surgery	<ul style="list-style-type: none">• No labs unless indicated• Obtain EKG for BOTH male and female 60 yrs and older if none present within 6 months
Cataracts PLUS Corneal transplant, Trabeculectomy	No labs unless indicated; Obtain EKG for BOTH male and female 60 yrs and older if none present within 6 months

EKG Testing Guidelines

Minor (low) Risk Surgery	Both male and female 60 yrs and older
Major (intermediate and high) Risk Surgery	Males 50 yrs and older; Females 60 yrs and older

Owner: Anna Harris, MD and Melissa Chang, MD

Reviewed May 30, 2025

Amended and Revised October 7, 2020 (previously named: CPC Hospitalist Preoperative Medication Recommendations)

Reviewed October 30, 2018

Effective April 19, 2018

Scott Engwall, MD, MBA

Chair

Anesthesiology & Perioperative Care

UC Irvine School of Medicine