



TITLE: Procedural Guidelines for Preadmission			Policy: POC-1				
Originated: 3/2009							
Supersedes Policy Dated: 4/2018 JS/JE/RB							
Approved by: _____ Executive Director			Approved by: _____ Medical Director				
Review/Revised Date/Signature:	3/16 JS 12/15 JE/JS 6/16 JE/JS	10/16 QA Committee 1/17 BG/JS/QA Committee 12/2017 WS/JS/JE					

PURPOSE: To provide consistency and continuity in the preoperative preparation of the Surgery Center patient.

POLICY: Prior to the date of surgery, the surgeons' office will provide the MSC with a completed Surgery Scheduling Order Form and instruct the patient to complete their Medical Passport on line. These can be found at www.morelandsurgery.com

1) **Pre-operative Phone Call**

The patient will receive a pre-op phone call from the Peri-anesthesia staff within one week of their procedure. The Medical Passport or downtime Pre-op interview form will be used. The Medical Passport information is reviewed and verified with the patient or their representative.

- a) Reason for visit: Surgical procedure/site verification.
- b) Surgeon.
- c) Date/Time.
- d) Responsible Party
- e) Verify time of arrival to the Surgery Center
 - i) 90 minutes for extracorporeal shock wave lithotripsy "ESWL to allow time to obtain KUB" and all cataract patients excluding the first case of the day requiring 60 minutes.
 - ii) 45 minutes for all local anesthetic surgical cases
 - iii) 60 minutes for all others
- f) Stated Height and weight (calculate BMI)
- g) History of tobacco use
- h) Allergies to medications, environment, foods and latex.
- i) Current prescribed or over-the-counter medications and herbal medications.
- j) Medical and surgical history
- k) Previous anesthetic and Malignant Hyperthermia history and related problems

If the patient is unable to complete the Medical Passport the Peri-anesthesia staff will attempt to complete it with the patient during the pre-op phone call. All Medical Passports are reviewed by the Peri-anesthesia staff prior to their procedure.

2) **Interpreter Services**

Interpretive services will be offered at no charge to all patients with Limited English Proficiency. Limited English Proficiency (LEP) is defined as any patient who cannot speak, read, write or understand the English language at a level that permits them to interact effectively with service providers. Some LEP

persons may prefer or request to use a family member or friend as an interpreter and refuse professional interpretive services. Patients refusing to use professional interpreter services will have the refusal documented in the medical record. If Interpreter services are needed, the business office staff will process a request.

3) **Patient Instructions**

- a) The patient should be directed to consult with their physician for instructions regarding their procedure.
- b) The nurse will instruct patients to take their usual prescribed medications with a sip of water the morning of surgery. Document on the Medication list printout date/time of last dose.
 - i) ACE inhibitors and ARB's are to be held the morning of procedure except for patients receiving local anesthesia. (See list attached)
 - ii) Patients are to bring their inhalers.
 - iii) Herbal medications are usually held 7-10 days or as directed by physician.

The following medications will be handled by the patient's primary physician or surgeon on an individual basis:

- i) Insulin
- ii) Oral hypoglycemia medication
- iii) Coumadin
- iv) NSAIDS
- v) Aspirin
- vi) Plavix
- vii) Diuretics
- c) Complete pre-op instructions to patient/family/extended care facility staff regarding:
 - i) NPO status

Ingested Material	Minimum Fasting Period
Clear Liquids	4 hours
Breast Milk	4 hours
Infant Formula	6 hours
Non-human Milk	6 hours
Light meal (no fat or meat)	6 hours
Full Meal (including fat or meat)	8 hours

Clear Liquids Patients are allowed to consume clear liquids up until 4 hours prior to the scheduled procedure time.

Solids For OR start times before 1400, patients are to stop intake of solid foods by midnight the night before their surgery.

For OR starts at 1400 or later, patients may have a light breakfast without fat or meat (toast without butter or cereal) and then no solids after 0600 on the day of surgery.

Infants For patients 12 months or younger, patients are allowed to have breast milk four hours – or infant formula six hours - prior to their OR start time.

- ii) Clothing to wear.

- iii) NO jewelry (including body piercings), makeup, contacts (bring case if wearing contacts).
Pre-Op scrub as appropriate.
- iv) For young children: instruct parent to bring an empty bottle, small toys, security/comfort items, pacifier, and diapers if appropriate.
- v) Transfer patient to business office staff to pre-register if not completed prior to concluding interview.

4) **Pre-Procedure Testing**

- a) Local anesthesia
 - No routine lab, EKG or X-Ray tests are required
- b) Moderate Conscious Sedation
 - Fingerstick glucose on the morning of procedure for all diabetic patients.
 - Prothrombin time/INR on the day of the procedure for patients who have held their Coumadin (Warfarin)
 - Urine pregnancy on day of or within 24 hours of procedure for all females from onset of Menses to Menopause (defined as 12 months since the last period). Exclude those with a hysterectomy, tubal ligation, having a D&C for missed/incomplete abortion. Serum pregnancy test if patient unable to urinate.
- c) General, Spinal or MAC Anesthesia
 - Fingerstick glucose on the morning of procedure for all diabetic patients
 - Serum Potassium on day of procedure for patient on Dialysis
 - Prothrombin time/INR on the day of the procedure for patients who have held their Coumadin (Warfarin)
 - Urine pregnancy on day of or within 24 hours of procedure for all females from onset of Menses to Menopause (defined as 12 months since the last period). Exclude those with a hysterectomy, tubal ligation, having a D&C for missed/incomplete abortion. Serum pregnancy test if patient unable to urinate.
 - EKG within 30 days regardless of age if, patient has an active cardiac condition including, Unstable Angina, MI within 30 days, decompensated heart failure, severe valve disease, uncontrolled arrhythmias (whether on medication or not) or symptoms of arrhythmia.
- d) Refer to the Surgeons' pre-op orders for other lab work and tests to be completed prior to procedure.
- e) Ordered tests/lab work may be completed at the facility of patients' choice.
- f) All preoperative test results will be documented in patient record.
- g) Peri- anesthesia RN to follow up with Surgeon and/or Anesthesia as appropriate for any abnormal results.

5) **Peri-anesthesia responsibilities:**

- a) Confirm patient record has an H&P completed within 30 days of procedure
- b) Place a blank allergy band on any patient reporting that they have an allergy.
- c) All patients, **except** those receiving local anesthetic only, will be discharged in the presence of a responsible adult with the recommendation of having someone available for 24 hours following the procedure to assume responsibility for care and able to report any post-procedure complications. The exception is those patients exempted by the attending physician. Exemptions must be specific to the individual patient and include a physician's written order.
- d) BMI requirements: Height and weight are obtained and the Body Mass Index (BMI) will be determined. Refer to POC-2 Patient Selection Criteria for BMI and equipment weight capacities.
- e) Pacemaker and Defibrillator (ICD's) Patients – Refer to POC-2 Patient selection criteria

6) **Anesthesia Standing Pre-op IV Orders:**

- a) Start IV, 20 g IV with 1000ml NS on adult patients. Lidocaine 1% subcutaneous may be infiltrated.

- b) For renal and or dialysis patients, use 500 ml NS on mini-drip tubing.
- c) For Pediatric patients prepare 22 g IV with 500 ml NS on mini-drip tubing.

7) Standing Urology Pre-Op orders

- a) Follow as appropriate, see prep area binder.

8) Pre-op Voiding Protocol

- a) "Healthy" adult whom has received less than 1 liter of fluid is appropriate to transfer back to OR if urinated within the past 60 minutes.
- b) For adults with increased age and on a diuretic - 20 minutes prior to transfer will be appropriate.

References

Anesthesiology 2011; 114 495-511; "Practice Guidelines for Perioperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Applications to Healthy Patients Undergoing Elective Procedures."

Centers for Medicare & Medicaid services, HHS 42 CFR Ch. IV, §416.42(a) Standard: Anesthetic Risk and Evaluation (5-12-14 Edition).

Accreditation Handbook for Ambulatory Health Care, Chapter 1.A.2 Patient *Rights and Responsibilities*, 2018 Edition