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

POLICY:

1) Surgeons Office
   Prior to the date of surgery, the surgeons office will provide the MSC with a completed Surgery Scheduling Order Form (found at www.Morelandsurgery.com), a copy of the patient's most recent history and physical, the results of any needed lab work or other documentation (i.e. office note from recent primary care visit) and instruct the patient to complete their Medical Passport on line at www.morelandsurgery.com

2) Pre-op Phone call
   Utilize the Medical Passport or the downtime Pre-op Interview form for all patients. The Medical Passport will be reviewed during the pre-op phone call by the Surgery Center staff prior to the scheduled surgery date. Verify and document the following information with the patient/family member:
   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
Testing

1) Routine lab, EKG or X-Ray tests are not required for healthy patients under age 50 or for cataract patients receiving Monitored Anesthesia Care (MAC).

2) Pre-op EKG’s required within 90 days of surgery only for:
   a) Patients with a known cardiac arrhythmia
   b) Patients having an intra-peritoneal procedure plus one of the following risk factors:
      - Coronary Artery Disease
      - Congestive Heart Failure
      - Cerebrovascular Disease
      - Diabetes Mellitus
      - Renal Insufficiency with a Cr. >2

3) Refer to the Surgeons’ pre-op orders for other lab work and tests to be completed prior to surgery. If there are no pre-op testing orders, follow the Anesthesia Standing Test Order Protocol. Document on the pre-op checklist which tests were ordered/completed.

4) All preoperative test results will be documented in patient record. Follow up with Surgeon and/or Anesthesia as necessary for any abnormal results.

5) Ordered tests/lab work should be completed at the facility of their choice 7-30 days before surgery.

6) Stable patients with known chronic test/EKG abnormalities should have these addressed in the history and physical (i.e. abnormal EKG)
   a) This should be brought to the attention of a Prep/Secondary RN as soon as they are received.
   b) RN will have any abnormal test/EKG’s reviewed by assigned late anesthesia provider of the day to determine if patient can be cleared or needs to be referred to Surgeon for further evaluation.
   c) Surgeons office will be notified by RN to arrange for cardiac clearance if patient not cleared by anesthesia provider.

Anesthesia Standing Test Order Protocol

d) Patients on potassium wasting diuretics or digoxin will need a current potassium.
e) Dialysis patients will need current electrolytes (basic BMP including BUN and creatinine).
f) Patients taking Coumadin (Warfarin) will need current Prothrombin time/INR.
g) CBC or Hemoglobin/Hematocrit will not be routine and only required for patients with known anemia or bleeding disorders.

Instructions

1) The patient should be directed to consult with their physician for instructions regarding their procedure.

2) The nurse will instruct patients to take their usual prescribed medications with a sip of water the morning of surgery. The following medications will be handled by the patient’s primary physician or surgeon on an individual basis:
   a) Insulin
   b) Oral hypoglycemia medication
   c) Coumadin
   d) NSAIDS
   e) Aspirin
   f) Plavix
   g) Combination drugs with a small-dose diuretic are to be taken the morning of surgery (e.g. Zestoretic), otherwise hold diuretics.
   h) Patients are to bring their inhalers.
i) Herbal medications are usually held 7-10 days or as directed by physician.

3) Document on the medication list printout which medication(s) the patient was instructed to hold by the physician and the date of their last dose.

4) Complete pre-op instructions to patient/family/extended care facility staff regarding:
   a) NPO status

<table>
<thead>
<tr>
<th>Ingested Material</th>
<th>Minimum Fasting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Liquids</td>
<td>2 hours</td>
</tr>
<tr>
<td>Breast Milk</td>
<td>4 hours</td>
</tr>
<tr>
<td>Infant Formula</td>
<td>6 hours</td>
</tr>
<tr>
<td>Non-human Milk</td>
<td>6 hours</td>
</tr>
<tr>
<td>Light meal (no fat or meat)</td>
<td>6 hours</td>
</tr>
<tr>
<td>Full Meal (including fat or meat)</td>
<td>8 hours</td>
</tr>
</tbody>
</table>

Clear Liquids: Patients are allowed to consume clear liquids up until two hours prior to their arrival time.

Solids: For OR start times before 1300, 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.

b) Clothing to wear.

c) NO jewelry (including body piercings), makeup, contacts (bring case if wearing contacts). Pre-Op scrub as appropriate.

b) For young children: instruct parent to bring an empty bottle, small toys, security/comfort items, pacifier, and diapers if appropriate.

c) Transfer patient to business office staff to pre-register if not completed prior to concluding interview.

Pre-Op Checklist:

1) Document need for Transportation Service, contact reception/clerk to make arrangements. Note: All patients who have received anesthesia or sedation requiring transportation service need an escort to return to their place of origin. Only exception: physician has written an order to ride without an escort.

2) For anesthesia cases (i.e.: general, MAC, Regional) only:
   a) Height and weight are obtained and the Body Mass Index (BMI) will be determined using the BMI chart.
   b) For patients with a BMI of 45 or >, the pre-procedure nurse will contact the anesthesia provider for further evaluation and the surgeon’s office if there is a need to reschedule the case.

3) AICD Patients – The following cases can be done at the Surgery Center if the patient has an AICD: locals, cataracts, and GI procedures. The pre-procedure nurse will notify OR scheduling to make a
note on the schedule regarding the AICD. The physician must be alerted at the beginning of the case by the OR circulator that the patient has an AICD.

**Anesthesia Standing Pre-op Orders:**

1) Start IV, 20 g IV with 1000ml NS on adult patients. Lidocaine 1% subcutaneous may be infiltrated.
2) For renal and or dialysis patients, use 500 ml NS on mini-drip tubing.
3) For Pediatric patients prepare 22 g IV with 500 ml NS on mini-drip tubing.
4) For all diabetics a finger stick upon admission may use blood from IV start.
5) Urine pregnancy on all females receiving General, Monitored Anesthesia Care or Moderate Sedation who have had a menstrual period in the last 12 months except those with a hysterectomy, tubal ligation, documentation of negative pregnancy test within 48 hours, or having a D&C for missed/incomplete abortion.

**Standing Specialty Pre-op Orders**

1) Urology- See attachment

**Pre-op Voiding Protocol**

1) "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.
2) 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."