PROHEALTH CARE
MORELAND SURGERY CENTER

TITLE: Pre-Procedural Guidelines			Policy: POC-1 - 1 - - 1 -		
Originated: 3/2009					
Supersedes Policy Dated: 4/2023 WLS			Hyperlink in Policy #:POC 2 Patient Selection Criteria Referred to in Policy #:		
Approved by: _____ Executive Director			Approved by: _____ Medical Director		
Review/Revised Date/Initials:	12/15 JE/JS 3/16 JS 6/16 JE/JS 1/17 BG/JS/QA Committee	12/2017 WS/JS/JE 4/20018 JS/JE/RB 9/2018 JE/MAC 2/19 JS/Peri-Anesthesia Staff	6/19 MAC committee 10/2020 Management team/JE 3/2021 Management team/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 surgery/procedure order request, instruct the patient to register for Mychart and to complete their Mychart Questionnaire. Provider information can be found at *www.morelandsurgery.com* under the provider tab.

1) Pre-operative Contact

The patient will receive two Mychart messages; the patient questionnaire and the preoperative patient instructions. The Mychart information is reviewed and filed in the EMR by the Peri-anesthesia staff. If the patient is unable to complete their Mychart the Peri-anesthesia staff will attempt to complete it via a pre-op phone call. The patient questionnaire information includes the following.

a) Name, DOB
b) Procedure and surgeon
c) Current medications
d) Allergies
e) Health issues/past surgeries
f) Anesthesia history
g) Social history
h) LMP
i) Travel and COVID-19 screening
j) Primary Care Provider visit in the last 30 days
k) Height/weight-Refer to POC 2 for parameters
l) Sleep Apnea/Snore loudly/CPAP use
m) Infectious diseases
n) Mobility-assistive devices-Refer to POC 2 for parameters
o) Implants-Refer to POC 2 for Pacemaker/ICD guidance
p) Interpreter services needed/not needed
q) Hospitalization or Emergency department visit in last 6 months

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) Preoperative 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 unless directed otherwise by their surgeon. .
- -ACE inhibitors and ARB's are to be held the morning of procedure for those patients that are to receive General Anesthesia only. (See list attached)
- -Patients are to bring their inhalers.
- -Herbal medications are held or as directed by physician.

c) The following medications will be handled by the patient's primary physician or surgeon on an individual basis:
- -Insulin
- -Oral hypoglycemia medication
- -Coumadin/anti-platelet medications (i.e. Aspirin, Plavix, Eloquis etc.)
- -NSAIDS
- -Diuretics

d) NPO status- (Any deviation from the NPO policy can be reviewed and managed at the discretion of the Anesthesiologist).

Ingested Material	Minimum Fasting Period
Clear Liquids (including **BLACK** coffee/tea)	4 hours
Breast Milk	4 hours
Infant Formula	6 hours
Solids	NPO after midnight

e) Clothing to wear

f) NO jewelry (including body piercings), makeup, contacts (bring case if wearing contacts).

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

h) Responsible party/Driver-All patients, with the exception of those receiving local anesthetic only, will be discharged in the presence of a responsible adult, have a driver for the ride home and with the recommendation to have someone available for 24 hours following the procedure for safety, to assume responsibility for care and to be able to report any post-procedure complications. Those patients who have discussed their alternative transportation arrangements with the surgeon may be exempted, must be specific to the individual patient and include a physician's written order.

4) Pre-Procedure Testing

a) Local anesthesia
- -No routine lab, EKG or X-Ray tests are required
- -Urine pregnancy on day of or within 24 hours of procedure for all female patients from onset of Menses to Menopause (defined as 12 months since the last period) for procedures where radiologic exam may be used, Exclude those with a hysterectomy or bilateral oophorectomy. Serum pregnancy test if patient is unable to urinate.

b) Moderate Conscious Sedation (Procedural Sedation)
-Finger stick 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, bilateral oophorectomy or those patients having a D&C for missed/incomplete abortion. Serum pregnancy test if patient unable to urinate.

c) General, Spinal or MAC Anesthesia
-Finger stick glucose on the morning of procedure for all diabetic patients
-Serum Potassium on day of procedure for patient on Dialysis
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, bilateral oophorectomy or those patients having a D&C for missed/incomplete abortion. Serum pregnancy test if patient unable to urinate.
-Refer to the Surgeons' pre-op orders for other lab work and tests to be completed prior to procedure.

d) Ordered tests/lab work may be completed at the facility of patients' choice.
e) All preoperative test results will be documented in patient EMR.

5) Peri-anesthesia responsibilities

a) Complete the patient admission by assessment and documentation in the EMR.
b) Release and implement signed and held orders in the EMR.
c) Report abnormal day of surgery lab results to the Surgeon and/or Anesthesiologist prior to informing patient with the exception of blood sugar.

6) Anesthesia Pre-op IV Orders

a) Entered by Anesthesiologist in EMR
b) Suggested guidelines:
-Start IV, 20 g IV with 500 or 1000ml NS on adult patients case dependent. Lidocaine 1% subcutaneous may be infiltrated prior to IV start..
-For renal and or dialysis patients, use 500 ml NS on mini-drip tubing.
-For Pediatric patients IV will be started in the OR. See POC 4 for pediatric guidelines. POC 4 Care of the Pediatric Patient.doc

7) Pre-op Voiding Protocol

a) Adults who have received less than 1 liter of fluid are appropriate to transfer to OR if voided since arrival
b) For Laparoscopic procedures patient is to void within 20 minutes of transfer to the OR

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).