

## HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

<b>SUBJECT:</b> VI-101 PREOPERATIVE ANESTHESIA EVALUATION AND REQUIREMENTS, INCLUDING LABORATORY & DIAGNOSTIC TESTS	<b>POLICY #:</b> 1176
	<b>VERSION:</b> 2
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<b>DATE APPROVED:</b> 09/29/2017	

**PURPOSE:** A pre-anesthesia evaluation must be performed for each patient who receives general, regional or monitored anesthesia by a person qualified to administer anesthesia. This policy will provide guidelines for laboratory, X-ray, and EKG examinations prior to operative or invasive procedures requiring anesthesia.

**POLICY:** A comprehensive pre-anesthesia evaluation will be completed for every Ambulatory Surgical Center (ASC) patient scheduled for a surgical/ diagnostic procedure under anesthesia care.

### PROCEDURE:

1. Patients will be seen by the anesthesia team prior to surgery.
2. All patients must have an ASA Patient Physical Status Classification assigned.
3. NPO guidelines are as follows:
  - a. Normal meal can be taken until bedtime on the evening before surgery.
  - b. Light meal, which typically consists of toast and clear liquids, up to six (6) hours prior to anesthesia.
  - c. Clear liquids up to two (2) hours prior to anesthesia. Clear liquids include only water, black coffee, clear tea, apple juice and carbonated soft drinks. Clear liquids do not include milk, liquid with particulate matter, such as orange juice with pulp, or hard candy.
4. Patients taking oral medications may take these medications early in the morning with a sip of water, up to one hour before induction of anesthesia, if recommended by the anesthesia team.
5. Patients at risk for aspiration of gastric contents must be identified preoperatively and measures taken to decrease gastric volume and acidity (H2 blockers, metoclopramide) before anesthesia. Rapid sequence induction with cricoid pressure is required for induction, if awake intubation or regional anesthesia is not chosen.

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6. The preoperative evaluation should include questions about possible Malignant Hyperthermia (MH), such as, "Did anyone in your family have a high temperature during anesthesia?"
7. Preoperative laboratory and diagnostic tests:
  - a. No routine lab or diagnostic screening test is necessary. Each case must have lab and diagnostic tests ordered based on indications, which include the identification of specific clinical indicators or risk factors (i.e., age, pre-existing disease, the magnitude of surgical procedure).
  - b. The High Desert Health System ASC Preoperative Testing Recommendations provide basic guidelines. Occasional patients may need more workup (ECHO, pulmonary function tests, etc.). A thorough history is the best guide to a patient's pre-operative testing needs.
  - c. The pregnancy test result is valid for four (4) days (96 hours).
  - d. If problems are identified when lab values or other tests are reviewed, the anesthesiologist is responsible for trouble-shooting, which includes notifying the surgeons of the possible problem and discussing the problems and ways to address it.
8. For patients who need additional workup, the patient should be sent back to the primary physician or the surgeon to get appropriate work up done.
9. Consults by clinic physicians will be accepted by all anesthesiologists. Occasionally, when Consult report does not fit the patient's clinical picture, a consultation with a sub-specialist will be requested.
10. Patients scheduled for monitored anesthesia care should be also consented for general
11. Problems identified preoperatively, must have followed up care. If the patient is not ready for surgery, inform the surgeon assigned to the case.
12. On the day of surgery/procedure, the patient's condition must be reassessed and documented. If the anesthesia plan changes, the patient must be informed and give consent.

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Preoperative Laboratory Testing	Indications
healthy patient <65	<ul style="list-style-type: none"> <li>• No testing needed</li> </ul>
EKG	<ul style="list-style-type: none"> <li>• Cardiovascular disease includes anyone with congenital heart disease, COPD, coronary or valvular heart disease, hypertension, arrhythmia, history of heart failure.</li> <li>• Indicated by procedures</li> </ul>
Chest X-ray	<ul style="list-style-type: none"> <li>• None based on age</li> <li>• Not indicated unless warranted by patient’s clinical condition</li> <li>• History of positive PPD test or TB</li> </ul>
CBC	<ul style="list-style-type: none"> <li>• History of anemia</li> <li>• History of bleeding disorder</li> <li>• Indicated by procedure</li> </ul>
Glucose Serum electrolytes	<ul style="list-style-type: none"> <li>• Diabetes mellitus or other endocrine disorders</li> <li>• Renal disease, hepatic disorders</li> <li>• Dialysis patients</li> <li>• Medications affecting or affected by electrolytes (diuretics, digoxin)</li> </ul>
Liver function tests	<ul style="list-style-type: none"> <li>• Cirrhosis or history of liver disease</li> </ul>
Coagulation tests (PT/PTT)	<ul style="list-style-type: none"> <li>• History of bleeding disorder, liver disease or malnutrition</li> <li>• Patients on anticoagulants</li> </ul>
Pregnancy test	<ul style="list-style-type: none"> <li>• Required for all women of menstrual age, except those who has a hysterectomy or menopause (passage of at least one year without menses at age 45 or older)</li> </ul>

Lab results are acceptable as long as no change in patient condition or medications.

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Clinical Guidelines	
(9) Cardiac Disease	Evaluation of the patient with cardiac disease undergoing non-cardiac surgery (American College of Cardiology)
(10) Pulmonary Disease	Evaluation of the patient with lung disease

<b>About These Guidelines</b>	<p>Guidelines are systematically developed recommendations that assist the practitioner and patient in making decisions about health care. These recommendations may be adopted, modified, or rejected according to clinical needs and constraints. They are not intended as standards or absolute requirements. The use of these guidelines cannot guarantee any specific outcome. The guidelines are subject to periodic revision as warranted by the evolution of medical knowledge, technology, and practice. These guidelines provide basic recommendations that are supported by analysis of the current literature and by a synthesis of expert opinion, open forum commentary, and consensus.</p>
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