

ATRIUM HEALTH NAVICENT PATIENTS

Medications to Hold Prior to Surgery

All ***weight loss and diet*** Medications: *(Including but not limited to)*

- Phentermine (Hold for 2 weeks prior to surgery)
- Any GLP-1 Injection (If daily hold day before and day of surgery, If weekly hold 1 week prior to surgery)

GLP-1 RA Medications commonly used:

- Dulaglutide (**Trulicity**) – weekly
- Extended release (**Bydureon**) – weekly
- Exenatide (**Byetta**) – twice daily
- Semaglutide (**Ozempic, Wegovy**) – weekly
- Liraglutide (**Victoza, Saxenda**) – daily
- Lixisenatide (**Adlyxin, Soliqua with insulin**) – daily
- Tirzepatide (**Mounjaro**) – weekly
- Semaglutide (**Rybelsus**) - daily

All ***NSAID's*** or ***Aspirin*** containing products should be discussed with your surgeon and primary care physician to see how long you should be off prior to surgery. *(Including but not Limited to):*

- Aspirin
- Excedrin Migraine
- Goody Powder
- BC Powder
- Ibuprofen
- Naproxen

Providers Conducting Pre-Operative Clearance Exams

- 1. Please complete the attached Pre-Op Surgical Exam Form in its entirety.**
 - ALL the blanks, including vital signs and weight, **MUST** be completed, and signed by an MD.
 - Included for your information is a chart indicating all required pre-operative tests based on age, health status, and current medication usage. Please note that failure to order all tests needed may result in surgical delay.
- 2. Please submit a copy of your office visit note that contains current patient medical history.**

Please FAX the completed clearance, any tests/labwork and office note to 478-743-1963. Most of our patients will not return to our office for a separate pre-operative visit, so this is a huge help to us and the patient.

If you should have any questions regarding this information, please call our office at 478-743-8953 and ask for the Pre-Op or Surgery Coordinator or the patient's surgeon's assistant.

We thank you in advance for your cooperation in the mutual care of this patient.

Patient/Guardian Important Information

Contact your child's Pediatrician or your Primary Care Physician ASAP to schedule a pre-operative clearance appointment.

The clearance must be filled out and received in our office according to the following:

Adults (18yrs and older): within 30 days of the date of surgery
Must be received by ENT at least 7 days prior to surgery.

Children (17yrs and younger): within 7 days of the date of surgery
Must be received by ENT at least 2-3 days prior to surgery.

Please ask the primary care physician's office to fax the clearance and related documents to our office at 478-743-1963. If they can't do that, you must ensure that we get them back timely. Ultimately, getting the appropriate clearance is YOUR responsibility.

Failure to have this form and required documents filled out and returned to our office within the appropriate time frame may result in your surgery being cancelled or rescheduled.



The ENT Center of Central GA

540 Hemlock St Macon, GA 31201
6084 Lakeview Rd Warner Robins, GA 31088

PRE OP SURGICAL EXAM

Patient: _____

Chart Number: _____

Date of Birth: _____

Surgeon: _____

Date of Surgery: _____ Surgery Location: _____

**THANK YOU FOR YOUR TIME
AND EFFORT IN COMPLETING
THIS REQUEST.**

DEAR PEDIATRICIAN/FAMILY PRACTITIONER/INTERNIST:

The above patient is scheduled to undergo the following surgery: _____

His/Her diagnosis is _____

In an effort to provide continuity of care to our mutual patient during the peri-operative period, we have asked him/her to schedule a pre-operative visit with you to ascertain ability to undergo general anesthesia and surgery.

Please complete this form in full and return it to our office along with your current office note FAX 478-743-1963. If you have ordered a recent EKG, lab or x-rays, please submit a copy of that as well. You should retain a copy of this for your records.

ALLERGIES _____

HEART _____

LUNGS _____

ABDOMEN _____

EXTREMITIES _____

NEURO _____

VITAL SIGNS BP _____ P _____ R _____ T _____ WT _____ Height _____

BLEEDING TENDENCIES _____

PERSONAL/FAMILY HISTORY of ANESTHESIA PROBLEMS _____

IMMUNIZATIONS UP-TO-DATE? _____

CURRENT MEDICATIONS _____

FEMALES OF CHILD BEARING AGE--PREGNANCY TEST PERFORMED? _____ POS _____ NEG _____ Not obtained

OTHER PERTINENT HISTORY _____

COMMENTS/CONCERNS _____

PATIENT CLEARED FOR SURGERY? YES or NO Please circle one

****If specialty clearance is required, please forward this form as the request to the appropriate specialist***

SIGNATURE OF MD _____ DATE _____

PRINT NAME OF MD _____ PHONE # _____

Please FAX this completed form, most recent office note & any related tests/labs to 478-743-1963.

Anesthesia Pre-op Testing Guidelines



NavicentHealth
Everything about us, is all about you.

EKG if one of the following exists:

- Coronary Artery Disease
- Peripheral Vascular Disease
- Hypertension History
- Diabetes Mellitus
- Congestive Heart Failure
- Arrhythmia History
- Morbid Obesity (BMI >40)
- Intra Thoracic, Aortic or Vascular Surgery

CBC if one of the following conditions exists:

- Anemia
- Chronic Renal Failure
- Pregnancy
- Sickle Cell Disease (include Hgb S%)
- If type & screen ordered by surgeon
- Intra-thoracic, Cardiac or Vascular Surgery

HCG (Urine or Beta) if one of the conditions exists:

- Recommended for ALL women of child bearing age

Chem 8 if one of the following conditions exists:

- Diuretic therapy
- Renal Disease (insufficiency or failure)
- Diabetes Mellitus
- Chronic Steroid Therapy
- Hypertension

(I Stat) K+, Na, Hgb, and Hct for all DOS renal patients

PT & PTT if one of the following conditions exists:

- Coumadin or Heparin Therapy
- Liver Disease

Liver Enzymes if one of the following exists:

- Documented history of current active liver disease

American Society of Anesthesiologists Statement (ASA): "No routine laboratory or diagnostic screening test is necessary for the pre-anesthetic evaluation of patients. Only tests that are clinically indicated should be ordered."

- Asymptomatic patients undergoing cataract surgery, upper endoscopy, colonoscopy or pain management procedures (injections, blocks) do not require pre-op lab testing.
- For patients undergoing specific surgeries and/or have certain medical conditions, tests beyond what is suggested in this grid may be appropriate.
- Grid does not apply to patients undergoing cardiac surgery.

(1,2,3,4,5,6)	CBC	CHEM7	PT/INR	PTT	GLUCOSE	TYPE/SCREEN	LFT	EKG	CXR
ASA I & II AND LEVEL OF SURGICAL RISK									
Minor risk									
Intermediate risk									
Major risk	X	X							
Significant risk of blood loss >500cc	X					X			
ASA II, III, IV MEDICAL COMORBIDITIES									
Hypertension controlled									
Hypertension uncontrolled > 180/95								X	
Diabetes					X				
Cardiac Disease with ≥ 4 METS								X	
Cardiac Disease with < 4 METS	X							X	
Respiratory Disease ≥ 4 METS									
Respiratory Disease < 4 METS	X							X	
Acute pulmonary process within one week of surgery									X
Peripheral vascular disease/Stroke/TIA								X	
Renal disease	X	X						X	
Liver disease	X	X	X				X		
BMI > 40								X	
History of anemia	X								
History of bleeding disorder	X		X	X					
Active malignancy and/or chemotherapy	X								
Age > 65 with < 4 METS or unknown functional capacity								X	
DRUG THERAPIES									
Diuretics, potassium supplements		X							
ACE inhibitors and ARB		X							
Digoxin		X						X	
Coumadin (Warfarin)			X						
Contrast dye study		X							

LEGEND

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM (8)

ASA I - Normal healthy patients

ASA II – Patients with mild systemic disease (e.g. well controlled DM/HTN, mild asthma)

ASA III – Patients with severe systemic disease that is limiting but not incapacitating (e.g. poorly controlled DM/HTN, COPD, pacemaker, CVA, moderate reduction of ejection fraction, ESRD with regular hemodialysis)

ASA IV – Patients with incapacitating disease which is a constant threat to life (e.g. <3 month history of MI, CVA, TIA, CAD/stents, ongoing cardiac ischemia, severe reduction of ejection fraction, ESRD not on regular hemodialysis)

ASA V – Moribund patients not expected to live more than 24 hours (e.g. ruptured abdominal/thoracic aortic aneurysm, intracranial bleed with mass effect, multiorgan failure)

LEVEL OF SURGICAL RISK (6)

1. **Minor** - Minimally invasive procedure that have little potential to disrupt normal physiology and associated with only rare perioperative morbidity. (e.g. bunionectomy, breast biopsy, dilation and curettage, carpal tunnel release)
2. **Intermediate** - moderately invasive procedures that have a modest or intermediate potential to disrupt normal physiology. (e.g. laparoscopic surgery, hysterectomy, knee arthroscopy, cystoscopy, total knee arthroplasty)
3. **Major** - Highly invasive procedures that typically produce significant disruption of normal physiology. (e.g. total hip arthroplasty, revision total joint surgery, open vascular surgery, thoracic surgery, multi-level spine surgery, prostatectomy, esophagectomy)

METS (metabolic equivalents) – exercise tolerance in metabolic equivalents as reported by the patient:

- **≥4 METS:** Able to complete one or more of the following activities, or a more strenuous activity, without having chest pain or dyspnea. (e.g. walk up a hill, climb a flight of stairs, run a short distance)
- **<4 METS:** Has chest pain or dyspnea with ≥ 4 METS activities or is unable to complete them for any reason.

CARDIAC DISEASE

CAD, MI, angina, CHF, valvular heart disease, arrhythmias

RESPIRATORY DISEASE

COPD, asthma, chronic bronchitis, obstructive sleep apnea

TIMING OF TESTS

LAB WORK

- CBC – within 30 days
- CHEM 7 – within 2 weeks
- ESRD need K+ day of surgery (DOS)
- LFT's – within 30 days
- Type and Screen – DOS
- PT/INR - (Coumadin) DOS
- Glucose – (Diabetics) DOS

EKG

1. Within 6 months unless change in clinical status

CXR

1. Required if acute pulmonary process present within one week of surgery (e.g. pneumonia, pulmonary edema, pleural effusion)
2. Thoracic surgery within 6 months

OTHER TESTS

1. Pregnancy test
 - a. Women of childbearing age still menstruating requires urine pregnancy test DOS
2. Urinalysis
 - a. Routine analysis not necessary unless patient has urinary symptoms
 - b. Urologic procedures or prosthesis implantation
3. Thyroid panel and CHEM7 for patients undergoing thyroid surgery

CARDIOLOGY CONSULT

1. Acute coronary syndromes
 - a. Recent MI <30 days ago (STEMI, NSTEMI)
 - b. Unstable/severe angina
2. Decompensated CHF
 - a. Severe limitations
 - b. Worsening HF or new onset HF (dyspnea of unknown origin)
3. Significant Valvular disease
 - a. Clinically suspected moderate or greater degrees of valvular stenosis or regurgitation
4. Significant arrhythmias
 - a. High grade AVB (e.g. Mobitz II AVB, 3rd degree AVB)
 - b. Symptomatic ventricular arrhythmias
 - c. SVT (includes atrial fibrillation/flutter with rapid ventricular rate)
 - d. Symptomatic bradycardia
5. History of hypertrophic obstructive cardiomyopathy
6. Coronary stent placement within one year
7. Unknown functional capacity or <4 METS undergoing intermediate-major surgery with known cardiac risk factors and/or ≥ 2 of the following risk factors (RCRI- Revised Cardiac Risk Index) (2):
 - a. Creatinine ≥ 2 mg/dL
 - b. Heart failure
 - c. Insulin-dependent diabetes mellitus
 - d. Intrathoracic, intra-abdominal, or supra-inguinal vascular surgery
 - e. History of cerebrovascular accident or TIA
 - f. Ischemic heart disease

CARDIOVASCULAR IMPLANTABLE ELECTRONIC DEVICES (CIED)

1. Before elective surgery, surgical/procedure team and clinician following the CIED should communicate in advance to plan perioperative management of CIED (2)
 - a. Ask patient to bring pacemaker/ICD identification card to pre-assessment appointment or at least on the date of service.
 - b. If reprogrammed preoperatively, all CIEDs should be interrogated post-op to document restoration of function.

NPO GUIDELINES (7)

- | | |
|---|----------------|
| 1. Clear Liquids
<i>(e.g. water, fruit juices without pulp, carbonated beverages, clear tea, black coffee, sports drinks)</i> | 2 hours |
| 2. Breast Milk | 4 hours |
| 3. Infant Formula | 6 hours |
| 4. Non-human Milk | 6 hours |
| 5. Light meal <i>(toast and clear liquids)</i> | 6 hours |
| 6. Full meal
<i>(fried or fatty foods, meat or a large meal)</i> | 8 hours |

***** IN SPECIAL CIRCUMSTANCES, ANY GUIDELINE MAY BE ALTERED BY THE ANESTHESIOLOGIST IF CLINICALLY INDICATED*****

REFERENCES:

1. Apfelbaum, Jeffrey L.: Practice Advisory for Preanesthesia Evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012, 116:1-1
2. Fleischer, Lee A.: 2014 American College of Cardiology/American Heart Association Guideline on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Noncardiac Surgery. *Journal of the American College of Cardiology* 2014, 64:77-137
3. Korpman, Thelma Z.: Routine Preoperative Laboratory and Diagnostic Screening. *California Society of Anesthesiologists Bulletin*. Spring 2012, 77-80
4. Tulane Preoperative Anesthesia Guidelines 2010
5. Winnipeg Regional Health authority routine preoperative lab tests for adult patients. December 2010
6. University of New Mexico preoperative laboratory testing protocol. Updated April 25, 2012
7. Apfelbaum, Jeffrey L: Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: Application to healthy patients undergoing elective procedures. An updated report by the American Society of Anesthesiologists Committee on standards and practice parameters. *Anesthesiology* 2011, 114:495-511
8. American Society of Anesthesiology Status Classification System. October 15, 2014