ANESTHESIA PREOPERATIVE PROTOCOL

1. **CBC** within last 4 weeks for:
   a. Patients with history of heart disease (MI, chest pain, coronary artery disease, CHF, arrhythmia, pacemaker, past heart surgery, angioplasty or coronary stent, or AICD), malignancy, anemia, renal failure or thrombocytopenia
   b. Surgical procedures with potential for significant blood loss (EBL expected greater than 500 ml: craniotomy, radical neck dissection, ENT cancer surgery, thoracic surgery, vascular surgery, major abdominal or pelvic surgery, nephrectomy, prostatectomy, spinal fusion, hip fracture, hip or knee arthrodesis)
   c. **Notify anesthesia** for HCT less than 30
2. **Type and Screen** for:
   a. All surgical procedures with potential for significant blood loss as described in 1b above unless current type and crossmatch is available. No T & S for cervical fusion patients.
   b. All patients for surgical treatment of long bone fractures
   c. D&C for all obstetrical issues
3. **Basic Metabolic Panel (BMP)** within last 4 weeks for:
   a. Patients with diabetes or renal insufficiency, taking diuretics, steroids or digoxin.
   b. Planned intracranial, thoracic, major vascular, major abdominal surgery, or nephrectomy
   c. For patients on dialysis, check BMP after dialysis and prior to surgery
   d. **Notify anesthesia** for serum potassium less than 3 (3.5 for patients on digoxin) or greater than 5; serum sodium less than 125; or glucose greater than 300.
4. **Comprehensive Metabolic Panel (CMP)** within last 4 weeks for colorectal surgeries (laparoscopic or open colon resections)
5. **Hemoglobin A1c (HbA1c)** within last 4 weeks for:
   a. For all total joint surgeries.
   b. **Notify surgeon and primary care provider** for HbA1c greater than 7.5.
6. **PT/INR** for:
   a. All patients taking coumadin within last 7 days
   b. Repeat PT/INR on the day of surgery for patients with INR greater than 1.5
   c. **Notify anesthesia** for INR greater than 1.5.
7. **Notify anesthesiologist** for patients on Plavix (clopidogrel) or Effient (prasugrel) who are scheduled for a colectomy, thoracotomy, AAA (open or endovascular), surgery on lower extremity.
8. **ECG** for:
   a. Men age 60 and older, women age 65 and older (within 1 year acceptable if no significant change in medical history or functional capacity)
   b. Patients with history of HTN of greater than one year duration, COPD requiring medical treatment, heart disease (MI, chest pain, coronary artery disease, CHF, arrhythmia, pacemaker, past heart surgery, angioplasty or coronary stent, or AICD), ESRD, DM (within last 3 months acceptable if no significant change in medical history or functional capacity)
   c. **Notify anesthesia** for high degree AV block, symptomatic tachycardia or bradycardia.
9.. **ICD/Pacemakers:**   If interrogated within last 3 months, obtain record for the chart. If greater than 3 months, schedule interrogation with vendor representatives. If unable to schedule interrogation prior to surgery, notify anesthesia
10. For all Trisomy 21 patients (Down's Syndrome) refer to PAS Trisomy 21 Screening Questionnaire.
11. **CXR** for:
    a. Patients with a greater than 40 pack year smoking history (CXR within last year acceptable)
    b. Patients over age 70 with a greater than 20 pack year smoking history (CXR within last year acceptable)
    a. Patients with shortness of breath, hemoptysis, chronic bronchitis, or recent respiratory infection (CXR within last month acceptable)
12. Instruct all patients with obstructive sleep apnea (OSA) to bring airway devices/oral appliances on the day of surgery. CPAP units to be provided by KRMC.
13. Instruct all patients to follow KRMC's pre-operative fasting guidelines.
14. Instruct patients to take antiseizure, antiparkinson, antihypertensive, antirejection and cardiac medications except diuretics (patients taking diuretics for CHF should continue as scheduled) with a small sip of water as scheduled.
15. Instruct patients **not** to take their ACE inhibitors.
16. Instruct patients to hold short acting insulin and oral antihyperglycemics on day of surgery. Patients managed with long acting Insulin (Lantus, Levemir, NPH) should take half of their morning dose on day of surgery.
17. For management of inpatients with diabetes. Follow #14 and give correctional insulin as ordered.

ANESTHESIA PRE-OPERATIVE ORDERS

1. Start an intravenous infusion in all patients undergoing any surgical procedure in the operating room or requiring anesthesia for endoscopy or radiology services.
    a. Identify if a patient has a functional Mediport or similar device.
        i. If no, proceed to 1B.
        ii. If yes, ask patient if he/she prefers to have the port accessed or have a peripheral IV inserted.
            1. If the patient prefers to have the port accessed, access the port per protocol.
            2. If the patient prefers not to have the port accessed, proceed to 1b.
    b. Start IV with 18 gauge IV catheter or largest possible IV catheter.
    c. Lidocaine 0.91% buffered 0.1 ml SC prn for IV start. Check patient allergies before using.
    d. Start Plasmalyte-A 1000 ml at TKO. For patients with renal failure, start Normal Saline 500 ml at TKO on microdrip tubing.
    e. Call anesthesia for the following:
        i. Failed greater than 2 IV start attempts
        ii. Patient history of multiple attempts for IV starts
        iii. Extremely anxious patients
        iv. Children less than 10 years of age
2. Verify modification of diabetic agents. PCX Glucose for all diabetics on day of admission. **Notify anesthesiologist** for glucose less than 60 or greater than 200.
3. Urine pregnancy test for all women of childbearing potential unless patient has had previous hysterectomy or documents objection to the test. **Notify anesthesiologist** of refusals. Inpatients: Obtain serum HCG if patient meets criteria for testing.
4. Inpatients: If patient receiving DVT prophylaxis, clarify pre-operative dosing schedule with surgeon.
5. Additional orders:

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Physician Signature:_____ Date_____ Time:_____

Pre-Admission Nurse Review:_____Date_____ Time:_____

Pre-Operative Nurse Review:_____ Date_____ Time:_____