



Preoperative Standards

RECOMMENDED PREOPERATIVE LABS

Condition	Hemogram	Basic Panel	Comp Panel	ECG	TSH/FT4	IonCA	PT/PTT	A1C/FSBS	T/S	T/C
Anemia-significant preop (Hgb <8?)	X								X	
Bleeding/Hematologic Disorder	X						X		X	
Cardiovascular Disease or Risk (See next page)	X	X		X						
Chemotherapy, Current	X		X	X						
Cirrhosis/Chronic Liver Disease	X		X				PT			
Coumadin Therapy	X						PTT *DOS			
C-section	X								X	
Diabetes, Known								FSBS *DOS		
GYN or Urology Oncology Surgery										X
IV Heparin Therapy							PTT *DOS			
Major Vascular/Thoracic	X			X						X
Parathyroid Overactive						X				
Prostatectomy	X									X
Renal Dialysis*	X	*DOS		X						
Renal Disease	X	X		X						
Significant Blood Loss Probable	X									X
Thyroid Hyper/Hypo					X					
Total Abdominal Hysterectomy	X								X	
Total Joint Arthroplasty	X								X	
*Date of Service (DOS)										

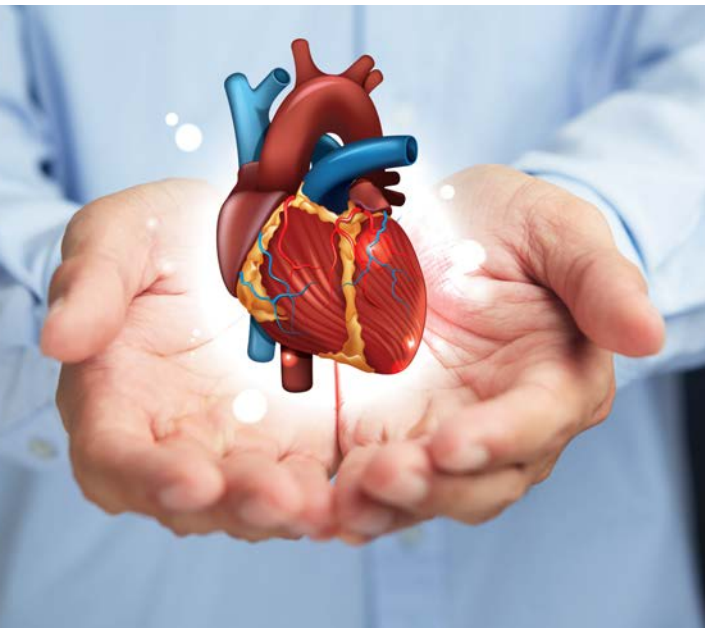
*Dialysis Patients who received complete dialysis on day prior to Date of Service (DOS), do not need Basic Panel Bloodwork on the DOS.

Test Results are acceptable within 6 months of surgery EXCEPT:

- Pregnancy testing (must be within 1 week of DOS)
- Diabetes-Acceptable within 90 days (however finger stick blood glucose required DOS)



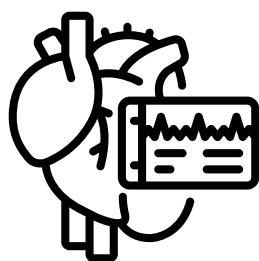
Cardiac Risk Factors



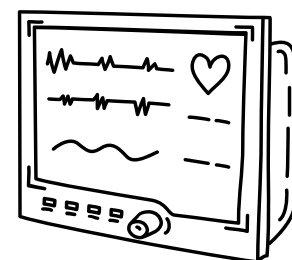
- IDDM
- CHF
- Major Abdominal Surgery
- Cr>2.0
- HTN Ischemic Heart Disease
- Arrhythmia
- PVD or History of CVA/TIA
- Activity < 4 METs (See Next Page)

Labs that Patient Needs Done: Hemogram, Basic Panel, ECG

ECG Does not need to be repeated IF:



- Asymptomatic patient with normal ECG
- Asymptomatic patient with abnormal ECG
- Stable, Symptomatic patients



AICD and/or Pacemaker Patient:

Device interrogation needs to be done within 30 days prior to procedure date. Please send device interrogation documentation with patients packet to Short Stay.





When to Consider an Anesthesiologist Consult



Ischemic Heart Disease
CHF
TIA or CVA
IDDM
Cr>2.0 mg/dL

Any Patient with a history of 2 or more comorbidities listed on the left AND scores less than 4 Measurement of Exercise Tolerance (METs) or has an unknown functional capacity.



Measurement of Exercise Tolerance (METs) for Functional Capacity



Score	Tolerable Activity Level	Status
≤ 4 METs 	<ul style="list-style-type: none"> unable to walk ≥ 2 blocks on level ground without stopping due to symptoms. Needs Assistance with feeding self, dressing, toileting, walking indoors, light housework. 	Poor
> 4METs 	<ul style="list-style-type: none"> Climbing ≥ 1 flight of stairs without stopping walking up hill ≥ 1-2 blocks scrubbing floors moving furniture golf, bowling, dancing or tennis 	MODERATE TO EXCELLENT



Perioperative Medication Management

Know when to hold 'em ... Know when to fold 'em

Opioids	Continue
Buprenorphine	Consider alternate med
Non-selective NSAIDs	Hold
COX-2-selective NSAIDs	Continue
Naltrexone	Hold

β-Agonists	Continue
Theophylline	Hold

Insulin, basal or long acting	Continue
Insulin, intermediate acting	Adjust dosing
Insulin, short acting	Hold
Oral hypoglycemics	Hold on day of surgery

β-Blockers	Continue ¹
Statins	Continue
α-2 Agonists	Continue
Ca ²⁺ Blockers	Continue
Antiplatelets & anticoagulants	Evaluate risk/benefit
ACEIs	Hold ²
Diuretics	Hold

H ₂ Blockers	Continue
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Steroids	Continue, consider stress dosing
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Herbal medications	Stop 1 week prior
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CITATION

JONATHAN P. WANDERER, JAMES P. RATHMELL; PERIOPERATIVE MEDICATION MANAGEMENT. ANESTHESIOLOGY 2017; 126:A21 DOI: [HTTPS://DOI.ORG/10.1097/ALN.0000000000001477](https://doi.org/10.1097/ALN.0000000000001477)

GLP-1 AGONISTS (OZEMPIC, SEMAGLUTIDE, TRULICITY, BULAGLUTIDE)

Educate Patient To:

- HOLD GLP-1 agonist on the day of the procedure for patients who take the medication daily.
- HOLD GLP-1 agonists a week prior to the procedure for patients who take the medication weekly.
- Patients who are taking GLP-1 agonists for diabetes should consult their endocrinologist or prescribing physician to help control their condition and prevent perioperative hyperglycemia.

What will happen if GLP-1 Agonists was not held as recommended prior to procedure:

- Consider delaying an elective procedure if the patient is experiencing GI symptoms such as severe reflux, vomiting, or bloating.
- If the patient has no GI symptoms, but the GLP-1 agonists were not held, Assume the patient has a "full stomach". The Surgeons and Anesthesiologist should discuss the risks and benefits of proceeding. Full stomach precautions should be used.