

**PRE-ANESTHESIA AND
SURGICAL SCREENING ORDERS**



To be used for all planned surgeries at Presbyterian Hospital

Instructions: Complete this form and fax to (505) 213-0460.

Any questions call (505)724-6990 or email address: pass@phs.org

Planned Surgery Information:

Patient Last Name: _____ **First Name:** _____ **MI:** _____ **Gender:** M F

Patient is allergic to: _____

Specify Any Antibiotic Allergies and Symptoms: _____

Surgeon: _____ **Surgery Date:** _____

Anesthesia Preference: (check one) Local MAC General Choice Acute Pain Block: _____

Patient Status: (check one) Inpatient Observation Extended Recovery (short stay)

Precautions: (check if apply) MRSA C Diff Latex allergy Other: _____

Cardiac Consult with _____ **Scheduled for** _____

Other Consult with _____ **Scheduled for** _____

Included Orders: (These orders are authorized unless otherwise specified by physician per Pre-Anesthesia Surgical Screening Protocol – see reverse side of this page for reference of protocol orders)

1. Initiate Diagnostic Screening Protocol Orders
2. Initiate Surgical Risk Screening Protocol Orders
3. PASS Unit to instruct patient on insulin use on day of surgery per Pre-Anesthesia Surgery Screening Protocol.
4. NPO after midnight unless otherwise directed by physician as written below.

(Only checked orders will be activated from this point on)

Additional Orders Including Home Medication Instructions:

5. Obtain consent for: _____

6. Clip and Prep: Location _____

7. Additional screening labs not covered by protocol orders: UA CBC Type and Screen

8. _____

9. _____

10. _____

11. _____

12. _____

Signature: _____

Printed Name/ID#: _____

Date and Time: _____

PATIENT IDENTIFICATION



Pre-Anesthesia and Surgical Screening Protocol Reference

Diagnostic Screening Protocol Orders: Orders for the following Diagnostic Screening Tests are placed on this matrix in accordance with the Pre-Anesthesia Surgery Screening Guidelines.

Medical Condition:	CBC w/o Diff	Type & Screen	EKG	BMP	PT/PTT INR	K+AM DOS	CMP	U-HCG AM DOS	C-Gluc
Cardiovascular			X						
HTN			X						
Pulmonary Disease			X						
Renal Disease	X		X				X		
Dialysis	X		X			X	X+DOS		
Diabetes			X						X+DOS
Bleeding Problems	X				X				
Liver Disease					X		X		
Extreme Obesity (BMI ≥ 40)			X						
Possible Pregnancy								X	
Current Malignancy under treatment	X		X						
Medications:									
Diuretic therapy				X					
Digoxin therapy						X			
Anticoagulant therapy (Warfarin, Enoxaparin, Heparin, Clopidogrel)	X				X+DOS				
Procedures:									
Cardiovascular Surgery		X							
Large Orthopedic Surgery		X							
Cesarean Section	X	X							
Autologous Donors		X							
Other:									
Serum HCG (PASS visit): Medically indicated before hysterectomy, hysterotomy, hysteroscopy, endometrial ablation, LEEP, tubal ligation, and/or other elective abdominal surgery. Offered to women of childbearing age (13-50)									
Urine HCG: Test in morning of surgery if serum HCG is > 48 hours									
Drug Levels: Level drawn on all patients on Digoxin and Dilantin									
CXR: Recent change in sputum quality or color, pneumonia in past 3 months, chronic home O2 use, planned intrathoracic surgery, or if exam reveals rales, rhonchi, or wheezes									
MRSA Screening: Nasal culture for patients for planned post-operative admission to Critical Care Units									

Surgical Risk Screening Protocol Orders:

1. Patients who are not to be scheduled at a day surgery facility:
 - a. Patients with BMI > 45 (Up to BMI of 45 is acceptable if no significant, unstable CV, respiratory, or endocrine pathology is present)
 - English BMI Formula = $(\text{Weight in pounds} / (\text{Height in inches})^2) \times 703$
 - Metric BMI Formula = $(\text{Weight in Kilograms} / (\text{Height in Meters})^2) \times 703$
 - b. Obstructive Sleep Apnea Perioperative Risk Score of 5 or 6 (Refer to Pre-Anesthesia Screening Guidelines)
2. Preventative antibiotic therapy will be administered within one hour prior to skin incision per SCIP protocol pre-operatively, based on procedure type and patient allergies, unless otherwise ordered by physician
3. DVT/VTE prevention methods will be implemented using SCIP Mechanical Prophylaxis Protocol unless contraindicated or otherwise documented in orders by physician.

Diabetes Management:

1. Discontinue all oral agents the evening prior to surgery, except Metformin which can be taken the evening prior to surgery but not the day of surgery.
2. Discontinue insulin after midnight for AM surgeries.
3. Take ½ usual dose of insulin the AM of surgery if surgery is scheduled to start at noon or later.
4. Take 100% of Lantus insulin up to time of surgery.
5. Consume apple or cranberry juice up till 2 hours prior to arrival to surgery if insulin was used.
6. For insulin pumps, set to basal rate and continue throughout pre-operative period.
7. C-Glucose will be done on all diabetics in PASS and results >200 reported to anesthesia and surgeon.
8. Arrival to Holding Area, C-Glucose will be obtained. Results treated by anesthesia according to NPO Insulin Sliding Scale.

NPO Guidelines:

The PASS unit will instruct all patients to be NPO after midnight and to follow the surgeon's instructions if they differ from these. The surgeon who gives different instructions will be responsible for thorough patient instruction of anything other than these guidelines.

1. All patients are equal with regard to NPO guidelines (i.e. gastric emptying time, obesity)
2. Clear liquids may be consumed up to 2 hours prior to scheduled arrival time.
3. Clear liquids are water, black coffee, and beverages not cloudy and can be seen through. Sugar and artificial sweeteners are acceptable. All broths are NOT acceptable.
4. Patient may brush their teeth, but should not swallow tooth paste.
5. Gum and candy of any type are not allowed.
6. All patients will be allowed to eat a full, regular diet (solid) up to 8 hours prior to surgery. Patient going to the OR at 0730 who were NPO after midnight are considered to meet this standard
7. Infants up to 24 months of age will be allowed breast milk up to 4 hours prior to the arrival to the hospital. Infant formula will be considered a solid.