



# 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	
<b>*Date of Service (DOS)</b>										

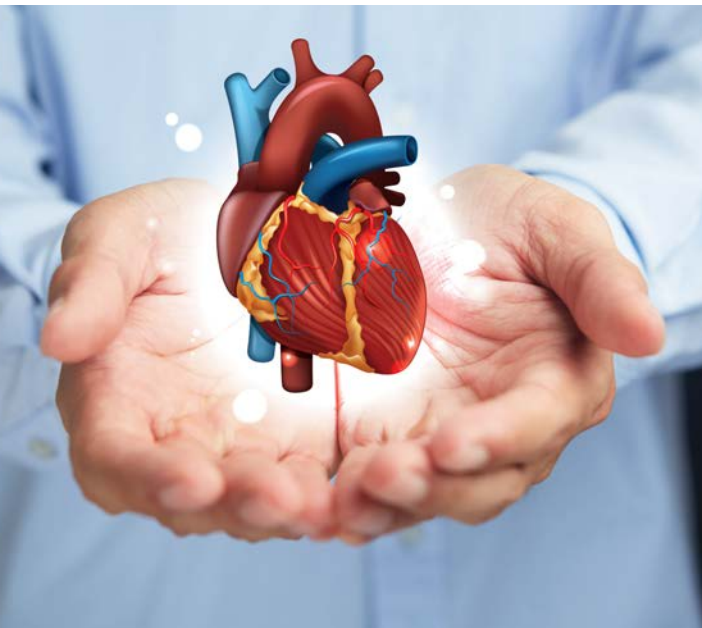
\*Dialysis Patients who received complete dialysis on day prior to Date of Service (DOS), do not need Basic Panel Bloodwork on the DOS.

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)



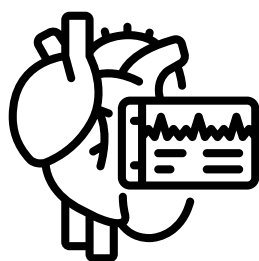
## Cardiac Risk Factors



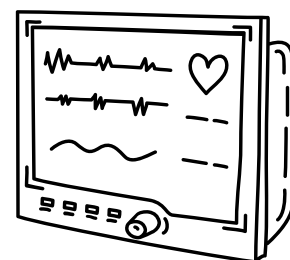
IDDM  
CHF  
Major Abdominal Surgery  
Cr>2.0  
HTN Ischemic Heart Disease  
Arrhythmia  
PVD or History of CVA/TIA  
Activity < 4 METs (See Next Page)

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





# Preoperative Standards

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

H <sub>2</sub> 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

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## 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.