

**St. Charles Health System Pre-Surgery Optimization Recommendations**

Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_ DOS: \_\_\_\_\_

In preparation for surgery, please optimize the conditions indicated below and document the plan of care in your H&P.  
 Additionally, refer to the Anesthesia Protocol grid for other testing your patient may need.  
Return your H&P with plan and test results to St Charles Medical Records fax queue at 541-598-3403.

Measure	Criteria	Recommendation
<b>Elective Surgery Readiness</b> <input type="checkbox"/>	<b>Delay Elective Surgery if possible in patients with any of the following conditions →</b>	<ul style="list-style-type: none"> <li>● COPD exacerbation within 30 days</li> <li>● Acute PE/DVT within 3 months</li> <li>● Stroke within 6 months</li> <li>● MI without intervention within 60 days</li> <li>● Recent Stent Placement - Bare Metal Stent &lt; 6 weeks; Drug Eluting Stent &lt; 6 months; Vascular Stent &lt; 3 months</li> </ul>
<b>Blood Glucose</b> <input type="checkbox"/>	<b>HbA1c ≤ 8.5 or average CBG ≤ 200 over two weeks</b>	<ul style="list-style-type: none"> <li>● Measure HbA1c in all diabetics if not done within 3 months.</li> <li>● Consider delaying elective surgery if HbA1c ≥ 8.5</li> <li>● May consider proceeding to surgery with HbA1c ≥ 8.5, but average CBG levels ≤ 200 for two weeks</li> <li>● If surgery proceeds with HbA1c ≥ 8.5, recommendations:                             <ul style="list-style-type: none"> <li>▫ Hospitalist consult for glycemic management</li> <li>▫ Surgeon, PCP, or Preoperative Medicine Provider educate patient on risks associated with elevated HbA1c and blood glucose</li> </ul> </li> </ul>
<b>Anemia</b> <input type="checkbox"/>	<b>Hemoglobin ≥ 12</b>	<ul style="list-style-type: none"> <li>● If Hb ≤ 12, assess for nutritional deficiency, chronic renal insufficiency, chronic inflammatory disease and iron deficiency anemia.                             <ul style="list-style-type: none"> <li>▫ Consider delaying surgery and referring to PCP or Preoperative Medicine Provider for coordination of treatment with IV Iron, B12 injections, or Erythropoetin</li> <li>▫ If persistent anemia, notify the Pre-Surgery Clinic/Anesthesiology at 541-706-2718</li> </ul> </li> </ul>
<b>Obstructive Sleep Apnea</b> <input type="checkbox"/>	<b>Screen all patients using STOP-Bang</b>	Sleep study recommended preoperatively if: <ul style="list-style-type: none"> <li>- STOP-Bang score ≥ 5</li> <li>- Patient has any of the following conditions along with a high score: CHF, PHTN, Uncontrolled HTN, Arrhythmia, Refractory Afib, CVD, daytime hypoxia, hypoventilation syndrome.</li> </ul> High risk patients will have the High Risk Obstructive Sleep Apnea Standing Order placed, which will involve minimum monitoring requirements, pulse oximetry/end tidal CO2 monitoring, elevated HOB  Surgeon, PCP, or Preoperative Medicine Provider will education patient of the risks of pulmonary complications associated with OSA.
<b>Aspirin Therapy</b> <input type="checkbox"/>	<b>Manage according to algorithm</b>	Continue Aspirin in all patients with cardiovascular disease, unless one of the following high risk of bleeding procedures: <ul style="list-style-type: none"> <li>● Cardiothoracic and Major Vascular</li> <li>● Intracranial Surgery</li> <li>● Major plastic reconstructive procedures</li> <li>● Occulo-plastic surgery</li> <li>● Prostatectomy (excluding transurethral resection of the prostate)</li> <li>● Percutaneous Nephrostomy</li> <li>● Retro-bulbar block during cataract/retinal</li> <li>● Intramedullary (within the spine) surgery</li> <li>● Strabismus repair</li> </ul>
<b>Anticoagulation Patients</b> <input type="checkbox"/>	<b>Manage according to SCMC guidelines</b>	Follow SCHS perioperative anticoagulation guideline/DOAC management for discontinuation or bridging plan.
<b>Smoking Cessation</b> <input type="checkbox"/>	<b>No tobacco use &gt; 4 weeks prior to surgery</b>	Continue counseling patient regarding benefits of smoking cessation, emphasizing increased risk of surgical infection and poor wound healing.
<b>Cardiac Status Evaluation</b> <input type="checkbox"/>	<b>Follow 2014 ACC/AHA guidelines for cardiac risk assessment</b>	If patient symptomatic or unable to attain 4 mets of activity plus 2 risk factors require a cardiac evaluation. Risk factors are: <ol style="list-style-type: none"> <li>1. History of ischemic heart disease</li> <li>2. History of CHF</li> <li>3. History of CVA/TIA</li> <li>4. History of Diabetes treated with insulin therapy</li> <li>5. Chronic Kidney Disease with creatinine &gt; 2</li> <li>6. Undergoing suprainguinal vascular, intraperitoneal or intrathoracic surgery.</li> </ol>

Please visit our website for additional resources at [www.stcharleshealthcare.org](http://www.stcharleshealthcare.org)  
 In the "Professionals" section, select "Surgery Scheduling"