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<th>Measure</th>
<th>Criteria</th>
<th>Recommendation</th>
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| Elective Surgery Readiness    | Delay Elective Surgery if possible in patients with any of the following conditions → | • COPD exacerbation within 30 days  
• Acute PE/DVT within 3 months  
• Stroke within 6 months  
• MI without intervention within 60 days  
• Recent Stent Placement - Bare Metal Stent < 6 weeks; Drug Eluting Stent < 6 months; Vascular Stent < 3 months |
| Blood Glucose                 | HbA1c ≤ 8.5 or average CBG ≤ 200 over two weeks                          | • Measure HbA1c in all diabetics if not done within 3 months.  
• Consider delaying elective surgery if HbA1c ≥ 8.5  
• May consider proceeding to surgery with HbA1c ≥ 8.5, but average CBG levels ≤ 200 for two weeks  
• If surgery proceeds with HbA1c ≥ 8.5, recommendations:  
  - Hospitalist consult for glycemic management  
  - Surgeon, PCP, or Preoperative Medicine Provider educate patient on risks associated with elevated HbA1c and blood glucose |
| Anemia                        | Hemoglobin ≥ 12                                                          | • If Hb ≤ 12, assess for nutritional deficiency, chronic renal insufficiency, chronic inflammatory disease and iron deficiency anemia.  
  - Consider delaying surgery and referring to PCP or Preoperative Medicine Provider for coordination of treatment with IV Iron, B12 injections, or Erythropoetin  
  - If persistent anemia, notify the Pre-Surgery Clinic/Anesthesiology at 541-706-2718 |
| Obstructive Sleep Apnea       | Screen all patients using STOP-Bang                                        | Sleep study recommended preoperatively if:  
  - STOP-Bang score ≥ 5  
  - Patient has any of the following conditions along with a high score: CHF, PHTN, Uncontrolled HTN, Arrhythmia, Refractory Afib, CVD, daytime hypoxia, hyperventilation syndrome.  
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. |
| Aspirin Therapy               | Manage according to algorithm                                             | Continue Aspirin in all patients with cardiovascular disease, unless one of the following high risk of bleeding procedures:  
  - Cardiothoracic and Major Vascular  
  - Intracranial Surgery  
  - Major plastic reconstructive procedures  
  - Occulo-plastic surgery  
  - Prostatectomy (excluding transurethral resection of the prostate)  
  - Percutaneous Nephrostomy  
  - Retro-bulbar block during cataract/retinal  
  - Intramedullary (within the spine) surgery  
  - Strabismus repair |
| Anticoagulation Patients      | Manage according to SCMC guidelines                                       | Follow SCHS perioperative anticoagulation guideline/DOAC management for discontinuation or bridging plan. |
| Smoking Cessation             | No tobacco use > 4 weeks prior to surgery                                 | Continue counseling patient regarding benefits of smoking cessation, emphasizing increased risk of surgical infection and poor wound healing. |
| Cardiac Status Evaluation     | Follow 2014 ACC/AHA guidelines for cardiac risk assessment               | If patient symptomatic or unable to attain 4 mets of activity plus 2 risk factors require a cardiac evaluation. Risk factors are:  
1. History of ischemic heart disease  
2. History of CHF  
3. History of CVA/TIA  
4. History of Diabetes treated with insulin therapy  
5. Chronic Kidney Disease with creatinine > 2  
6. Undergoing suprainguinal vascular, intraperitoneal or intrathoracic surgery. |

Please visit our website for additional resources at www.stcharleshealthcare.org  
In the "Professionals" section, select "Surgery Scheduling"