Anesthesia Protocol

Report to Anesthesia

- Q waves or new ST segment elevations or depression not present on prior ekg
- Atrial fibrillation or atrial flutter with RVR
- Second or third degree heart block
- Left Bundle Branch Block not present on a prior EKG in the setting of poor exercise tolerance
- ACLS dysrhythmias such as SVT, V-tach, and V-fib
- Hgb <8 (GI report <7)
- K+ <3.0 or >5.5
- Na+ <130 or >155
- Glucose <70 mg/dL or >200 mg/dL
- PT/INR >1.5

Medication Instructions

Any medications **not listed on this list to hold should be taken as prescribed prior to coming to hospital on day of surgery*

- GLP-1 injections withhold 7 days oral dose 24 hours
- Phentermine withhold for 4 days if taken as combo withhold 7 days
- Withhold ACE-I and ARBs with for 24 hours
- Insulin-2 DM hold day of procedure
- Insulin- 1 DM cut dose in half morning of procedure
- SGLT-2 withhold for 4 days prior to procedure
- Naltrexone should be held for 72 hours prior to surgery with anticipated opioid use.
- Report to anesthesia if pt is taking 16mg/day of buprenorphine
- Anticoagulants to by managed by surgeon/proceduralist

Dietary Instructions

- Clear Liquids until 5:00am for all cases. Clarify 8 oz of water, Sprite/7up/ginger ale, plain tea (no additives), Plain coffee (no additives)
- Breast-Milk for nursing infants until 4 hours prior to assigned arrival time
- Formula-fed infants can feed up until 6 hours prior to assigned arrival time
- Dairy and all solids until 11 pm

Substance Abuse

- Alcohol-withhold 24 hours prior to procedure/surgery
- Tobacco-withhold 24 hours prior to procedure/surgery
- Marijuana-withhold 7 days prior to procedure/surgery

Testing

Low Risk Procedure

- Potassium on dialysis or in acute renal failure checked with 24 hours or since last dialysis or on stable diuretic with no result in last 3 months
- Glucose on all diabetic patients
- PT/INR on patients on Coumadin/Warfarin checked within 1 month of surgery
- UPT- All females post menarche and pre-menopause within 48 hours of procedure exceptions Hysterectomy or bilateral tubal ligation

Intermediate/High Risk Procedure

- HGB-on file within 3 months for history of anemia, chronic kidney or liver disease, EtOH abuse, Cancer, Autoimmune disease, Cardiac, vascular, or cerebrovascular disease, Pulmonary disease, any abnormal result within 3 months
- Potassium on dialysis or in acute renal failure checked with 24 hours or since last dialysis or on stable diuretic with no result in last 6 months
- Glucose on all diabetic patients
- PT/INR on patients on Coumadin/Warfarin or with Cirrhosis check with in 1 month of surgery
- UPT- All females post menarche and pre-menopause within 48 hours of procedure exceptions Hysterectomy or bilateral tubal ligation
- Ekg, patient should have EKG on file within 12 months history of stable CAD, CHF, Cardiac dysrhythmia, PVD/PAD, Cerebrovascular Disease, Structural Heart Disorders, Stents, CABG, Cardiac Ablation, Pacemaker, AICD, Diabetes, Poor Exercise Tolerance, Serum Cr > 2 mg/dL, HTN requiring three or more medications