

Patient Qualification for Ambulatory (Outpatient) Surgery

Columbia Anesthesia is committed to providing you with a safe and pleasant experience for your upcoming surgery. Please work with your surgeon and / or primary care provider to help you determine which setting or type of facility you would be most appropriate to have surgery and anesthesia in.

In general, hospitals are able to provide a wider array and more intensive support and resources to patients that are recovering from surgery and anesthesia. Patients that typically benefit from the resources of a hospital are those that have multiple underlying medical conditions, difficult or poorly controlled medical conditions, are more dependent on others to help care for themselves on a day to day basis, or require specialized monitoring or care after their surgery.

Ambulatory Surgical Centers (ASC) are fully capable and extensively resourced to care for a vast majority of patients when appropriately screened.

Below is a general outline for you to review with your surgeon and / or primary care provider and / or specialist physician of who should and should not receive surgery at an ambulatory surgical center (ASC).

RED LIGHT – STOP – DO NOT SCHEDULE AT Ambulatory Surgical Center
Absolute contraindication to scheduling at ASC / case cancellation
<ul style="list-style-type: none"> Non-compliance with NPO guidelines ASA Class 4 Patients – Disease processes that are a constant threat to life BMI ≥ 50 Oxygen saturation $< 92\%$ on room air at rest New onset Cardiac dysrhythmias Patients with coronary artery disease (CAD) presenting with acute chest pain Moderate to Severe Aortic Stenosis Moderate to Severe Pulmonary Hypertension EF $\leq 40\%$ Unstable baseline vital signs

YELLOW LIGHT – PROCEED WITH CAUTION – CONSIDERATIONS FOR CANCELLATION
Additional medical clearance and evaluation is needed from PCP / Cardiology / Pulmonology / Neurology / Other Specialist as indicated
<ul style="list-style-type: none"> ASA Class 3 Patient Difficult to manage / poorly controlled medical conditions Examples considered for cancelation include, <u>but are not limited to</u> <ul style="list-style-type: none"> Uncontrolled Hypertension – Systolic > 180 Diastolic > 110

- Uncontrolled Diabetes – HgBA1C ≥ 9 / Fingerstick Glucose ≥ 300
- COPD – acute episodes resulting in active wheezing, PO steroids, SpO2 $\leq 92\%$
- Neurologic – primarily conditions that compromise pulmonary function
- Patient on regularly scheduled dialysis
- Morbid Obesity – BMI ≥ 40

Conditions needing medical clearance from PCP / Specialist -

- Cardiac
 - Patients with diagnosis or history of CHF
 - EF 40-60%, without new / worsening symptoms
 - Heart murmur – With or Without need for SBE prophylaxis
 - Valvular disease – Stable or corrected within 6 months (ie. TAVR)
 - Aortic aneurysms – Stable or corrected within 6 months (ie. Endo AAA repair)
 - Pacemakers / Defibrillators – Obtain copy of most recent interrogation & settings
 - Abnormal Cardiac Rhythms – Afib / Aflutter, stable heart block, etc.
 - History of Heart Attack (MI), CAD with multiple stents
 - Hx of PE / Multiple blood clots
- Pulmonary
 - Smokers / COPD / Asthma – episodes of wheezing within 6 wks / active wheezing
 - Upper respiratory infection within 2 weeks of surgery
 - ≥ 3 maintenance inhalers / recent use of rescue inhalers
 - SpO2 $\leq 95\%$ on Room air
 - Severe Obstructive Sleep Apnea – Apnea/hypopnea index ≥ 50
- Neurologic – Moderate to Severe in nature
 - Muscle weakness – MS, ALS, Hemiparesis, etc.
 - Parkinsonism
 - Seizures – within last 6 months despite being on medications
 - Down syndrome
- Endocrine – Known blood sugars < 60 or > 300 within last 6 months

GREEN LIGHT – Proceed with Scheduling at ASC

- ASA Class 1 – Patient with no underlying medical conditions who have complied with preoperative instructions & preparations
- ASA Class 2 – Patient with well controlled underlying medical conditions who have complied with preoperative instructions & preparations