



Preoperative Optimization Grid

H&P within 30 days and must meet the criteria set forth in GBMC's by laws. Labs within 60 days. HCG within 7 days
 Cardiac Evaluations within 12 months for stable, unchanged cardiac/vascular disease *or* within 30 days for MI/stents in the past year
 EKG within 12 months. Within 60 days for patients with Cardiovascular Disease History (Box 1)

1. Cardiac History						
a. Heart Attack, Coronary Artery Disease, Arrhythmia	H&P	EKG	Cardiac Evaluation			
b. Pacemaker/ Internal Defibrillator	H&P	EKG	Cardiac Evaluation	Interrogation report within last 12 months		
c. Congestive Heart Failure	H&P	EKG	Cardiac Evaluation	ECHO within 12 months	Ejection Fraction of 20% or less should not have elective surgery scheduled at GBMC	
d. Aortic Stenosis, Mitral Stenosis	H&P	EKG	Cardiac Evaluation	ECHO within 12 months	Severe AS or MS must have cardiology specifically evaluate for valve replacement <i>OR</i> fitness to undergo surgery at a non-cardiac center	
			Anesthesiologist to review if severe			Critical AS or MS should not be scheduled at GBMC
e. Pulmonary Hypertension	H&P	EKG	Cardiac Evaluation	ECHO within 12 months	Severe Pulmonary HTN should not be scheduled at GBMC, please defer to a pulmonary hypertension center.	
f. Stroke/TIA	H&P	EKG	Cardiac Evaluation	Neurology Evaluation if Stroke/TIA within 9 months	Elective non-carotid surgery should not be scheduled within 3 months	
2. Other Co-Morbid Diseases						
a. Moderate- Severe Chronic Obstructive Pulmonary Disease	H&P	EKG	Chest x-ray if acute	Pulmonary consult for acute changes		
b. Obstructive Sleep Apnea	H&P	EKG	Recommend Sleep Study for stop-bang score ≥ 5 OR BMI ≥ 45	Mild- Severe: CPAP use for 2 weeks prior to surgery	Severe OSA with Pickwickian presentation or respiratory comorbidities: CPAP use required for 2 weeks prior to surgery, ECHO AND Cardiac Evaluation within 12 months	
c. End Stage Renal Disease on Dialysis	H&P	EKG	CBC with Platelets	BMP	Sodium and Potassium within 24 hrs if on hemodialysis or peritoneal dialysis	
d. *Creatinine>2.0	H&P	EKG	BMP			
e. Hypertension	H&P	EKG	BMP			
f. Cirrhosis, Acute Hepatic Disease, Liver Disease, alcohol or drug abuse	H&P	CBC with Platelets, CMP			INR-PT/PTT within 7 days	
g. Anemia or bleeding history	H&P	CBC with Platelets				
h. Diabetes	H&P	EKG if Insulin Dependent, over 50, ≥ 10 years with disease			BMP	
i. Menstruating Person	H&P	HCG within 7 days				
3. Medications						
a. Blood Thinners	H&P		PT-INR/PTT within 7 days			
b. Diuretics, ACE Inhibitors, ARBs	H&P		BMP			
c. Digoxin	H&P		EKG, BMP			
d. Chemo within 3 months	H&P		CBC with platelets			
4. Procedure						
Minimal Risk (Cataracts)		H&P Only—No Additional Testing				
Low Risk: -Endoscopy -Eyes -Cystoscopy -Simple ENT (T/A, Ear Tubes) -Simple Gyn (D&C, EUA) -Simple Dental -Superficial Dermatologic -Breast Biopsy -Hemorrhoid -Port Insertion/Removal -Carpal Tunnel -Chronic Pain Procedures		H&P		No EKG required for comorbidities (Box 2) <u>*EXCEPT for Creatinine >2.0</u> All other workup as indicated by Box 1-3		
Moderate or High Risk		H&P		CBC with Platelets		All other workup as indicated by Box 1-3
Major Vascular		H&P		CBC with Platelets	BMP	All other workup as indicated by Box 1-3
Thoracic	H&P	CBC with Platelets	CMP	Chest X-Ray	PFTs if patient has moderate or severe COPD or active Dyspnea	All other workup as indicated by Box 1-3

Acute Disease Processes (reach out to anesthesia for review if any questions)	Delay until:
Reactive Airway Exacerbation/Lower Respiratory Infection (Asthma, COPD, Bronchitis, Pneumonia) requiring steroids or antibiotics	6 weeks after resolution of symptoms
Upper Respiratory Infection	Asymptomatic or up to 6 weeks after resolution of symptoms depending on severity
Covid	2 weeks after resolution of symptoms
Covid with Immune Compromise	6 weeks after resolution of symptoms
Severe Respiratory Illness requiring ICU Level of Care	12 weeks after resolution of symptoms

Preop Guidelines for GLP-1 Agonists
Adhere to clear liquid diet starting 24 hours prior to scheduled surgery time
Fully NPO starting at midnight the night before surgery including ERAS Beverages (patients may have medications and bowel prep)
If diet restrictions are broken, and a qualified provider is available per anesthesiologist's discretion, surgery <i>may</i> proceed after a gastric ultrasound confirming an empty stomach
Patients experiencing active GI symptoms on the day of surgery (such as nausea, vomiting, bloating, or abdominal pain) will have their surgery postponed. Patients with these symptoms should work with their prescriber prior to surgery to de-escalate or hold medication until symptoms are no longer present