

To: Our Valued Surgeons and their Staff

Thank you for choosing Sutter Medical Center, Sacramento as your preferred healthcare partner. We are committed to providing very good care and service to you and your patients. Our success is measured by your satisfaction.

We are providing you with this reference binder to help you easily navigate through our system. If for any reason you would like to speak to a member of our management team, please feel free to ask for any member by name at the numbers listed below. We are also providing the contact information for Specialty Service Coordinators on the next page.

Your comments and recommendations are carefully reviewed and taken very seriously. Based on the feedback we receive, we improve our facility and provide employee recognition. Many of our current improvements are based on feedback we have received in the past.

We look forward to working with you and thank you again for choosing Sutter Medical Center, Sacramento.

Sincerely

Sutter Medical Center, Sacramento Surgical Services Departments

Surgical Services

Sutter Memorial Hospital

5151 F Street

Sacramento, CA 95819

David Berry, Director

(916)733-8132

Lynn Hurley, ANM Surgery

(916)733-1741

Earl Laih, ANM Surgery

(916) 733-1050

Gail Kneeland, ANM ACU

(916) 733-1050

Mike Donough, ANM PACU

(916)733-1054

Sutter General Hospital

2801 L Street

Sacramento, CA 95816

Andrea Hennig, Director

(916)733-8591

Jonathan Blank, ANM Surgery

(916) 733-3073

Eugene Arnold, ANM Surgery

(916) 733-8884

Nirmal Mangat, ANM ACU

(916) 733-8931

Debbie Bybee, ANM PACU

(916)733-3050 x83260

TABLE OF CONTENTS

Section 1 – Surgical Services Support Team	3
1.1 - Support Team Quick Reference	3
1.2 Specialty Coordinators Contact List	4
Section 2 – Scheduling a Surgical Case	5
Online Instructions	5
Phone & Fax Numbers	5
Section 3 – Admission Status Orders	6
Overview	6
Email & Fax Information	6
Online Instructions	6
Section 4 - Pre-Op Patient Information Orders and Lab Results	7
Overview	7
Section 5 – Patient Online Registration	8
Overview	8
Section 6 – Website for Surgical Services	9
Overview	9
Section 7 – Patient Information Packet	10
Overview	10
Online Instructions	10
Section 8 – Consents and Interpreters	11
Overview	11
Resources for Interpreter Assistance	11
Memo From SMCS Interpreter Services Coordinator	12
Section 9 – Unsafe Abbreviations	13
Overview	13
Listing	13
Section 10 – Surgical Care Improvement Project	14
Overview	14
Cardiac and CABG Surgery	16
General Surgery	17
Neurological Surgery	18
Orthopedic Surgery	19
Urologic Surgery	21
Vascular Surgery	22
Section 11 – Time Out Pause	23
Checklist	23
Section 12 – Anesthesia Guidelines	24
Standardized Procedure for Anesthesia Preparation (With an Intravenous Start)	25
Standardized Procedure for Anesthesia Preparation (Without an Intravenous Start)	33
Section 13 – Surgery Department Policies	42
Important Noteworthy Policies	42

Section 1 – Surgical Services Support Team

1.1 - Support Team Quick Reference

Sutter Medical Center, Sacramento has strategically created the following departments to maximize patient and physician outcomes and satisfaction.

SCHEDULING - Our schedulers are responsible for coordinating cases with resource availability.

SGH 916-733-3050	5:50 a.m. - 11:30 p.m. - 7 days a week 24 hour emergency scheduling
SMH 916-733-1052	6:30 a.m. - 10:30 p.m. - 7 days a week 24 hour emergency scheduling

SURGICAL PRE-ADMIT (SPA) - Our pre-admit staff is a centralized unit which services both Sutter General and Sutter Memorial hospitals and is responsible for contacting all patients prior to their scheduled cases to obtain vital information for the admission process. They also contact physician offices for pre-op orders, results, H&Ps, etc. necessary for each case.

SGH 916-733-7121	Monday - Friday	9:00 a.m. - 5:30 p.m.
SMH 916-733-7123	Monday - Friday	9:00 a.m. - 5:30 p.m.

AMBULATORY CARE UNIT (ACU) - Our ACU staff are responsible for completing the admission process started by SPA. They verify information, obtain consents, start IVs, obtain the required tests, and educate the patients regarding the process. They also provide phase 2 recovery for outpatients.

SGH 916-733-8931	Monday - Friday	5:00 a.m. - 7:00 p.m.
SMH 916-733-1880	Monday - Friday	5:00 a.m. - 6:00 p.m.

OPERATING ROOM STAFF - Our operating room staff is responsible for the care and safety of our patients while scrubbing and circulating a variety of procedures and is staffed 24 hours per day.

SGH- 916-733-3050	SMH- 916-733-1052
-------------------	-------------------

POST ANESTHESIA CARE UNIT (PACU) - Our recovery room staff is responsible for the care and safety of your patients during the post-op phase and is available 24 hours per day.

SGH- 916-733-3804	SMH-916-733-1054
-------------------	------------------

1.2 Specialty Coordinators Contact List

Sutter General Surgery Department Coordinator Contact List					
NAME	SERVICE	PAGER	CONTACT INFORMATION/ VOICEMAIL	E-MAIL ADDRESS	
<i>Antho Campisi, RN Coord</i>	GENERAL/PLAPOPHY		(916)733-3050, EXT. 60026	CAMPISAL@SUTTERHEALTH.ORG	
<i>Anthony Campisi, RN Coord</i>	NEUR/OSPINE	(916)523-4607	(916)733-3050, EXT. 60024	CAMPISA@SUTTERHEALTH.ORG	
<i>Caryl Hardy-Johnson, ST Coord</i>	GENERAL		(916)733-3050, EXT. 60022	HARDVIC@SUTTERHEALTH.ORG	
<i>Annie Landzardof, RN Coord</i>	ENT/HAND & FOOT/PLASTICS	(916)523-4216	(916)733-3050, EXT. 60016	LANDIZA@SUTTERHEALTH.ORG	
<i>Alice Lee, RN Coord</i>	VASCULAR	(916)523-9290	(916)733-3050, EXT. 60021	LEEAL@SUTTERHEALTH.ORG	
<i>William Rosenberg, ST Coord</i>	ORTHO		(916)733-3050, EXT. 60019	ROSENBW@SUTTERHEALTH.ORG	
<i>Sydney Salazar, RN Coord</i>	UROLOGY		(916)733-3050, EXT. 60023	SALAZAS2@SUTTERHEALTH.ORG	
<i>Conrad Souza, RN Coord</i>	ORTHO/TOTAL JOINTS	(916)423-8208	(916)733-3050, EXT. 60017	SOUZACR@SUTTERHEALTH.ORG	
<i>Gary Watkins, ST Coord</i>	NEUR/OSPINE		(916)733-3050, EXT. 60025	WATKINSGA@SUTTERHEALTH.ORG	
<i>Red Wurstr, RN Coord</i>	ORTHO	(916)638-3370	(916)733-3050, EXT. 60018	WURSTR@SUTTERHEALTH.ORG	
Sutter Memorial Surgery Department Coordinator Contact List					
NAME	SERVICE	PAGER	CONTACT INFORMATION/ VOICEMAIL	E-MAIL ADDRESS	
<i>Fiona Venturato, RN Coord</i>	SPINE/VASCULAR	(916)697-6012	(916)733-1050, EXT. 12734	VENTUR@SUTTERHEALTH.ORG	
<i>Daphne Casola, RN Coord</i>	OPEN HEART	(916)523-6484	(916)733-1050, EXT. 12091	CASILAD@SUTTERHEALTH.ORG	
<i>Lynne Hurley, RN Coord</i>	NEURO	(916)523-8502	(916)733-1050, EXT. 12090	HURLEYL@SUTTERHEALTH.ORG	
<i>Rosemarie Ruiz, RN Coord</i>	PEDIATRICS	(916)590-7829	(916)733-1050, EXT. 14129	RUZR@SUTTERHEALTH.ORG	
<i>Todd Amato, ST Coord</i>	NEURO / SPINE	(916)333-8569	(916)733-1050, EXT. 31801	AMATOT@SUTTERHEALTH.ORG	
<i>Russell Roper, RN Coord</i>	ROBOTICS/GYN/LAP	(916)523-1372	(916)733-1050, EXT. 31759	ROPERRM@SUTTERHEALTH.ORG	
<i>Zahed Haassan, ST Coord</i>	ENDO	(916)523-4213	(916)733-1050, EXT. 15401	HASSANZ@SUTTERHEALTH.ORG	
<i>Krissy Johnson, ST Coord</i>	ENT / PLASTICS	(916)523-4118	(916)733-1050, EXT. 15362	JOHNSOK2@SUTTERHEALTH.ORG	
<i>Vanessa Autrey, ST Coord</i>	GENERAL / ORTHO	(916)697-8845	(916)733-1050, EXT. 31762	AUTREYV@SUTTERHEALTH.ORG	

Section 2 – Scheduling a Surgical Case

Online Instructions

1. Go to <http://www.suttermedicalcenter.org>
2. Click on the link at the top of the page ‘for our physicians’
3. Click on the left “Pre-printed orders and hospital forms”
 - a. Select “hospital forms”.
4. Scroll down to form number 21863- Surgery Scheduling
5. Fill out the online form and click ‘submit’ at the bottom.

NOTE:

This form will only allow you to submit when all required fields are met. When you submit online or fax to the numbers listed below, this form will be sent automatically to Surgery Scheduling, Business Services, and the Surgical Pre-Admit nurses.

One fax = Three destinations

TIP: Add to your browser favorite list and you can omit steps 1-4 the next time!

Phone & Fax Numbers

Click “download” to print the form, fill out completely, and fax to the appropriate number below:

- SGH scheduling fax - 916-503-7667
- SMH scheduling fax - 916-503-7668

For additional help or information completing this form (7 days a week) 6:30am-10:30pm call:

- SGH scheduling - 916-733-3050
- SMH scheduling - 916-733-1052

Section 3 – Admission Status Orders

Overview

Please complete this form entirely. Date of surgery should be listed at the top as well as physician signature at the bottom. The purpose of this form is to allow us to plan efficient bed use and staffing patterns for the best possible care. The appropriate staff and resources are available to best care for your patients from the time they arrive until they are safely discharged. Please choose the appropriate status and remember to sign, date, and time your order. Please fax or email to the surgical pre-admit unit (SPA):

Email & Fax Information

- SPA Fax (916) 733-1069
- Email – SMCSSPAMDorders@sutterhealth.org

Online Instructions

To print these directly from the Sutter website:

1. Go to - <http://www.suttermedicalcenter.org>
2. Click on the top of the page “For our physicians”
3. Click on the left “Pre-printed orders and hospital forms”.
 - a. Select “orders”
4. Scroll down to form number 21259 Surgery Admission Status Orders
5. Print form.

Section 4 - Pre-Op Patient Information Orders and Lab Results

Overview

The Surgical Pre-Admit nurses (SPA) are responsible for contacting all of the patients prior to surgery.

SPA Nurses are available Monday-Friday between 9:00am – 5:30pm at:
916-733-7121 916-733-7123 916-733-7124

Here is an overview of the functions SPA provides and information they gather from the patient prior to surgery:

- Complete a patient health history as required by the hospital
- Make referrals
- Obtain a list of medications taken
- Provide arrival times and NPO status

Locate test results prior to surgery.

To ensure the safest admission for our patients and a complete chart upon arrival, we ask that all pertinent orders and results be emailed or faxed (e-mail is preferred method) to the surgical pre-admit (SPA) department.

Please include the following information on the subject line:

- The patient's initials
- Date of service

EMAIL ADDRESS: SMCSSPAMDorders@sutterhealth.org

PLEASE SEND FAXES TO:

ATTN: SPA

SGH 916-453-3467

SMH 916-733-7131

Some tips to help improve your patients' pre-admission experience:

- Physician office sends any available information on file or notes on the physician orders that labs and x-rays were done and if known, the location of the testing site.
- If the results are in EPIC, SPA is also able to access that account information.

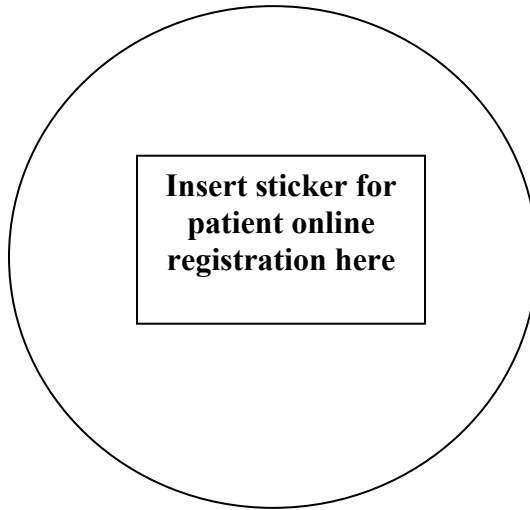
Please refer to the next page for the pre-admit nurse task list.

Section 5 – Patient Online Registration

Overview

Your patients may pre-register online with our Business Services.

Please encourage them to do so at the web site listed on the sticker below. To order more of these stickers to provide to your patients, please call 916-453-5837.



Section 6 – Website for Surgical Services

Overview

We have developed a Patient Registration website to register online and obtain additional information about their surgical experience.

Information provided online is:

- What to expect the day of surgery
- Directions to both Sutter Medical Center, Sacramento hospitals
- Privacy information
- Financial Assistance
- Contact numbers for any additional questions they may have

The website information may be found at:

<http://www.suttermedicalcenter.org/services/surgery/preparing>

Section 7 – Patient Information Packet

Overview

We have created a Patient Orientation packet complete with maps and helpful tips available online for printing. Included is also a line for your staff to print the patient specific surgery date and time.

Please review the information with your patients, especially noting the middle area with phone numbers for your patient to contact the pre-admit staff if they have not been reached.

Online Instructions

You may also print these from the Sutter website by following these simple instructions:

1. Go to: <http://www.suttermedicalcenter.org>
2. Click on the top of the page “For our physicians”
3. Click on the left “Pre-printed orders and hospital forms”.
 - a. Select “Hospital forms.
4. Scroll down to form number 21633.
5. Print copy.

Section 8 – Consents and Interpreters

Overview

If English is not your patient's primary language; in order to fulfill your legal obligation for informed consent you must provide a certified interpreter for all consents signed in your office. The following Interpretive Service Resources will assist you with setting up an account for your office and doing so will allow you to provide a skilled medical interpreter by phone.

All consents must have a signature of the person interpreting or the name and ID number of the phone interpreter.

Resources for Interpreter Assistance

Sutter Medical Group
Lois Northeimer
Director Medical Foundation
916-691-5959

All Other Offices
Pacific Interpreters
Matthew Riley
1-800-311-1232 ext 5642

Sutter Medical Center
Barbara Berry
Interpretive Services Program
916-733-0865

Memo From SMCS Interpreter Services Coordinator

Sutter Medical Center, Sacramento
MEMORANDUM

TO: All SMCS-SCP Directors and their staff
FROM: Barbara Berry-SMCS Interpreter Services Coordinator
DATE: July 13, 2009
SUBJ: Use of Certified Bilingual Staff Interpreters

As per SMCS Interpreter Services policy --all staff who are bilingual and are asked to interpret **MUST BE CERTIFIED** to do so through Sutter Health's Interpreter Competency Evaluation program.

It is NOT OK to use a bilingual staff member just knowing that they speak the language.

Why not?

According to the Department of Health and Human Services, Office for Civil Rights, any health care provider that receives federal financial assistance from HHS (ie. Participating in the Medicare and Med-Cal programs) must have a process in place to demonstrate fluency of speaking, reading and writing in both English and a second language, including the ability to translate the names of body parts and to competently describe symptoms and injuries in both languages to be considered a "competent interpreter."

If a NON-CERTIFIED bilingual staff misinterprets important information resulting in an adverse health outcome, SMCS could face possible investigation and enforcement remedies from the Office for Civil Rights and/or a civil lawsuit filed on behalf of the patient.

What to do?

Call SMCS Interpreter Services --Hours are Mon-Fri 8am-5pm Sat 8am-12noon
Before and after hours, weekends and holidays call the Nursing Supervisor for assistance in locating a CERTIFIED bilingual staff interpreter.

The Bottom Line:

All staff **MUST USE** Pacific Interpreters telephone interpreting service if there is **NO** certified bilingual staff interpreter on the unit, staff interpreter in the hospital nor availability of a Sutter contracted in-person agency interpreter for the language needed.

PLEASE HELP TO KEEP OUR PATIENTS SAFE!!

Section 9 – Unsafe Abbreviations

Overview

As you know the joint commission has adopted a list of abbreviations that are considered unsafe. The following abbreviations will not be accepted at Sutter Medical Center, Sacramento. If a healthcare provider uses unacceptable abbreviations, the provider will be called to clarify orders.

Listing

Not Permitted	Permitted
IU	Unit
U	Unit
Zero absent before decimal point e.g. .2	Leading zero before decimal point. e.g. 0.2
Zero after decimal point e.g. 2.0	No zero after decimal point. e.g. 2
Q.D or Q.O.D.	Write “daily” or “every other day”
MS MSO4 MgSO4	Write “morphine sulfate” or “magnesium sulfate”
c.c.	Write “ml” for milliliters

Section 10 – Surgical Care Improvement Project

Overview

Our goal with the Surgical Care Improvement Project (SCIP) is to provide better, safer care for our surgical patients. We want to improve our clinical outcomes through proven and documented best practices.

The following pages of this section are dedicated to identifying the key SCIP processes and specific VTE Prophylaxis criteria to consider for specific procedures.

These are organized by area of service in the following order:

- KEY PROCESSES FOR SCIP INDICATORS
- CRITERIA FOR CONSIDERATION FOR THE FOLLOWING
- AREAS OF SERVICE:
 - Cardiac and CABG Surgery
 - General Surgery
 - Neurological Surgery
 - Orthopedic Surgery
 - Urologic Surgery
 - Vascular Surgery

KEY PROCESSES FOR SCIP INDICATORS

Indicator	Measure Description	Procedures Included
SCIP-1	Pre-op prophylaxis antibiotic initiated within 1 hour prior to incision	CABG and other cardiac surgeries, colon, total knee and hip, hysterectomy, and vascular surgery
SCIP-2	Prophylactic antibiotics are consistent with current recommendations (published guidelines)	CABG and other cardiac surgeries, colon, total knee and hip, hysterectomy and vascular surgery
SCIP-3	Prophylactic antibiotics are discontinued within 24 hours of surgery end time (48 hours for cardiac surgeries)	CABG and other cardiac surgeries, colon, total knee and hip, hysterectomy, and vascular surgery
SCIP-4	6 AM Serum Glucose POD 1 and POD 2 is less than 200.	CABG and Cardiac Surgery only
SCIP-6	Proper hair removal. Razor is not acceptable. Either no hair removal or clippers are the acceptable methods.	All surgeries
SCIP-7	Normothermia in colorectal surgery patients. Temperature is ≥ 96.8 within the 15 minutes after leaving the OR.	Colorectal surgeries
SCIP-card 2	Patients who are on beta blocker therapy prior to admission will receive beta blocker perioperatively (24 hours prior to incision to discharge from recovery room)	All surgery patients
SCIP-VTE 1	Surgery patients will have recommended VTE therapy	General surgery, Neurosurgery, Spinal, Gynecological, Urological, Hip Replacement (total and hemi-), Hip Fracture, and Total Knee
SCIP-VTE 2	Surgery patients will receive appropriate VTE prophylaxis within 24 hours prior to surgical incision to 24 hours after surgery end time	General surgery, Neurosurgery, Spinal, Gynecological, Urological, Hip Replacement (total and hemi-), Hip Fracture, and Total Knee

Cardiac and CABG Surgery

Criteria for VTE Prophylaxis:

VTE Prophylaxis is not required for cardiac or CABG surgeries, but may be used at the physician's discretion

Criteria for Prophylactic Antibiotic Regimen Selection:

Surgical Procedure	Approved Antibiotics
Vascular, CABG, or Cardiac	Cefazolin or Cefuroxime, or Vancomycin* <u>IF β-LACTAM ALLERGY:</u> Vancomycin** OR Clindamycin**
Special Considerations	<p>* Vancomycin is acceptable with a physician documented justification for its use in the patient's medical record.</p> <ol style="list-style-type: none"> 1. Beta-lactam (penicillin or cephalosporin) allergy 2. Known prior colonization w/MRSA 3. High risk/acute hospitalization in last year 4. High risk LTC setting in last year 5. Increased MRSA rate 6. Chronic wound care or dialysis 7. Continuous inpatient stay >24 hours prior to surgery <p>** For cardiac, orthopedic, and vascular surgery, if the patient is allergic to β-lactam antibiotics, Vancomycin or Clindamycin are acceptable substitutes.</p>

General Surgery

Criteria for VTE Prophylaxis:

Surgery	Recommended Prophylaxis
General Surgery*	Any of the following: Heparin Lovenox Heparin or Lovenox combined with SCDs/AV Pump or TED Hose
General Surgery* with high risk for bleeding	Any of the following: SCDs/AV Pump TED Hose

**Patients who receive neuraxial anesthesia (spinal or epidural) or have a documented bleeding risk may pass the performance measure if they receive appropriate pharmacologic prophylaxis or if mechanical prophylaxis is ordered.

If neither Mechanical nor Pharmacological VTE is wanted by the physician, the physician must document that the patient has a contraindication to **BOTH** Mechanical **AND** Pharmacological VTE.

There is no list of acceptable contraindications...just document that there are contraindications to both types of VTE

Criteria for Prophylactic Antibiotic Regimen Selection:

Surgical Procedure	Approved Antibiotics
Colorectal	Parenteral Only: Cefotetan, Cefoxitin, Ampicillin/Sulbactam or Ertapenem OR Cefuroxime or Cefazolin + Metronidazole If B-lactam allergy: Clindamycin + Aminoglycoside, or Quinolone + Clindamycin, or Clindamycin + Axtreonam or Metronidazole + Aminoglycoside, or Quinolone + Metronidazole

Neurological Surgery

Criteria for VTE Prophylaxis:

Surgery	Recommended Prophylaxis
Intracranial Neurosurgery	Any of the following: SCD, AV Pump: SCDs/AV Pump with or without TED hose Heparin Lovenox Heparin or Lovenox combined with SCDs/AV Pump or TED Hose Lovenox <i>Current guidelines recommend postoperative Lovenox for intracranial neurosurgery</i>
Elective Spinal Surgery	Any of the following: Heparin Lovenox SCD, AV Pump TED Hose SCDs/AV Pump combined w/TED Hose Heparin or Lovenox combined with SCDs/AV Pump or TED Hose

*Patients who receive neuraxial anesthesia (spinal or epidural) or have a documented bleeding risk may pass the performance measure if they receive appropriate pharmacologic prophylaxis or if mechanical prophylaxis is ordered.

If neither Mechanical nor Pharmacological VTE is ordered by the physician, the physician must document that the patient has a contraindication to BOTH Mechanical and Pharmacological VTE.

There is no list of acceptable contraindications...just document that there are contraindications to both types of VTE.

*****Prophylactic antibiotics are not a SCIP requirement for neurological surgery*****

Orthopedic Surgery

Criteria for VTE Prophylaxis:

Surgery	Recommended Prophylaxis
Elective Total Hip Replacement	Any of the following: Lovenox Foundaparinux: Factor Xa Inhibitor Warfarin
Elective Total Knee Replacement	Any of the following: Heparin Lovenox SCD, AV Pump TED Hose SCDs/AV Pump combined w/TED Hose Heparin or Lovenox combined with SCDs/AV Pump or TED Hose
Hip Fracture Surgery	Any of the following: Heparin Lovenox Foundaparinux: Factor Xa Inhibitor Warfarin
Elective Total Hip Replacement w/ high bleeding risk* OR Hip Fracture Surgery w/high bleeding risk*	Any of the following: SCD, AV Pump TED Hose

*Patients who receive neuraxial anesthesia (spinal or epidural) or have a documented bleeding risk may pass the performance measure if they receive appropriate pharmacologic prophylaxis or if mechanical prophylaxis is ordered.

If neither Mechanical nor Pharmacological VTE is ordered by the physician, the physician must document that the patient has a contraindication to **BOTH** Mechanical **AND** Pharmacological VTE. There is no list of acceptable contraindications...just document that there are contraindications to both types of VTE.

ORTHOPEDIC SURGERY CONTINUED ON NEXT PAGE

Criteria for Prophylactic Antibiotic Regimen Selection:

Surgical Procedure	Approved Antibiotics
Hip/Knee Arthroplasty	Cefazolin or Cefuroxime, or Vancomycin* IF β-LACTAM ALLERGY: • Vancomycin** OR Clindamycin**
Special Considerations	<p>* Vancomycin is acceptable with a physician documented justification for its use in the patient’s medical record. 1. Beta-lactam (penicillin or cephalosporin) allergy 2. Known prior colonization w/MRSA 3. High risk/acute hospitalization in last year 4. High risk LTC setting in last year 5. Increased MRSA rate 6. Chronic wound care or dialysis 7. Continuous inpatient stay > 24 hours prior to surgery.</p> <p>** For cardiac, orthopedic, and vascular surgery, if the patient is allergic to β-lactam antibiotics, Vancomycin or Clindamycin are acceptable substitutes.</p> <p>*** For colorectal surgery, a case will pass the antibiotic selection indicator if the patient receives oral prophylaxis alone, parenteral prophylaxis alone, or oral prophylaxis combined with parenteral prophylaxis.</p> <p>**** SMCS recommends the use of Vancomycin and Cefazolin pre-operatively for all Orthopedic surgeries that involve the placement of an implant.</p>

Urologic Surgery

Criteria for VTE Prophylaxis

Surgery	Recommended Prophylaxis
Urologic Surgery*	Any of the following: <ul style="list-style-type: none">• Heparin• Lovenox• SCDs or TED Hose• Heparin or Lovenox combined with SCDs/AV• ump or TED Hose

Neither Mechanical nor Pharmacological VTE is ordered by the physician, the physician must document that the patient has a contraindication to BOTH Mechanical AND Pharmacological VTE.

There is no list of acceptable contraindications...just document that there are contraindications to both types of VTE.

*****Prophylactic antibiotics are not a SCIP requirement for urologic surgery*****

Vascular Surgery

Criteria for VTE Prophylaxis:


VTE Prophylaxis is not required for vascular surgeries, but may be used at the physician's discretion

Criteria for Prophylactic Antibiotic Regimen Selection:

Surgical Procedure	Approved Antibiotics
Vascular, CABG, or Cardiac	Cefazolin or Cefuroxime, or Vancomycin* <u>IF β-LACTAM ALLERGY:</u> Vancomycin** OR Clindamycin**
Special Considerations	* Vancomycin is acceptable with a physician documented justification for its use in the patient's medical record. <ol style="list-style-type: none">1. Beta-lactam (penicillin or cephalosporin) allergy.2. Known prior colonization w/MRSA.3. High risk/acute hospitalization in last year.4. High risk LTC setting in last year.5. Increased MRSA rate.6. Chronic wound care or dialysis.7. Continuous inpatient stay >24 hours prior to surgery. ** For cardiac, orthopedic, and vascular surgery, if the patient is allergic to β -lactam antibiotics, Vancomycin or Clindamycin are acceptable substitutes.

Section 11 – Time Out Pause

Checklist

		
TIME OUT PAUSE		
Prior to Start of Procedure		Closing
<input type="checkbox"/> PERFORM TEAM INTRODUCTIONS (if necessary)		<input type="checkbox"/> CONFIRMATION OF SURGICAL COUNT PAUSE
<input type="checkbox"/> PERFORM TIME OUT PAUSE	ANTICIPATED CRITICAL EVENTS	
<input type="checkbox"/> Correct Pt. ID	Surgeon - specific pt concerns	
<input type="checkbox"/> Confirm Marked Site/Side	EBL, critical steps, duration	
<input type="checkbox"/> Accurate Procedure	Anesthesia - specific pt concerns	
<input type="checkbox"/> Correct Consent		Post Procedure
<input type="checkbox"/> Correct Position		<input type="checkbox"/> CONFIRMATION OF SPECIMEN(S) (Confirmed with Surgeon)
PATIENT SAFETY	MEDICATION ON FIELD	Type
<input type="checkbox"/> Allergies confirmed	All Medications labeled	Number
<input type="checkbox"/> ABX within 60 minutes of incision	Correct Concentration	Disposition
<input type="checkbox"/> DVT prophylaxis	Correct Dosage	Label correctly documented
<input type="checkbox"/> Anticipated Difficult Airway		<input type="checkbox"/> CONFIRMATION OF PROCEDURE PERFORMED & DOCUMENTED (Confirmed with Surgeon)
<input type="checkbox"/> Type & Screen Units _____	STERILITY INDICATORS	
<input type="checkbox"/> Blood Available <input type="checkbox"/> Yes <input type="checkbox"/> No	CONFIRMED	
Cell Saver		
Anesthesia Safety Check Done		
		PLAN FOR TRANSITION OF CARE
		Blood/blood products
SPECIALIZED EQUIPMENT		Lab
<input type="checkbox"/> Implants/Specialty Equipment		ICU/TNI Bed Needed
Rep present/available		
		TEAM REVIEW OF WHAT WENT WELL & AREAS FOR IMPROVEMENT
IMAGING		
<input type="checkbox"/> Images present		
Approved: Surgery QI/Administrative Committee June 4, 2009		
Approved: Medical Executive Committee June 23, 2009		

Section 12 – Anesthesia Guidelines

ANESTHESIA PROTOCOL FOR THE AMBULATORY CARE UNIT

Attached you will find a copy of the anesthesia protocol for the ACU (Ambulatory Care Unit). These guidelines are used by nurses in the ACU to ensure that your patient is ready for surgery. We have also included the NPO guidelines for ACU. You can help us by adhering to the guidelines regarding required tests and medications. If you have any questions you may call:

Central Anesthesia Scheduling Exchange (CASE) - 916-481-2525

Website- <http://www.casemedgroup.com>

OR

ACU (SMH) - 916-733-1880

3 North (SGH) - 916-733-8931

Quick reference guide-

CATEGORY	GERD MED	IV	EKG	CBC	RP	K	PT	PTT
General surgery <40 yr		X						
General surgery ≥40 yr		X	X					
Cardio/Vascular		X	X	X	X		X	X
Renal		SL	X	X	X		X	X
Neuro		SL	X	X	X		X	X
Ortho		X		X	X		X	X
Diabetic		X	X		X			
Obesity (BMI >40)	X							
Anti Coagulants							X	X
Digitalis/Diuretics						X		
Bowel Prep						X		

SUTTER MEDICAL CENTER,
SACRAMENTO

MEDICAL STAFF
REVIEW DATE: 04/2010

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(With an Intravenous Start)**

Standardized Procedure for Anesthesia Preparation (With an Intravenous Start)

PURPOSE:

To establish criteria for ordering specific diagnostic tests, establishing intravenous (IV) access and/or administration of medications by registered nurses (RN) in the Ambulatory Care Unit (ACU) during admission, provided the assigned anesthesiologist or his/her designee is onsite or available by phone. It is not the intent to have the RN independently diagnosing, treating, or managing all the patient conditions they might encounter, but rather to utilize their assessment and health care management skills in conjunction with the Protocols and the collegial Physician-Registered Nurse relationship, to meet the health care needs of the patients and to avoid unnecessary surgical delays or cancellations.

LEVEL:

Dependent (Standardized procedure per California Nursing Practice Act, Sections 1470-1474)

AUTHORIZED SETTINGS:

This protocol may be implemented in the ACU (first floor) at Sutter Memorial Hospital and the ACU (3 north) at Sutter General Hospital.

RN REQUIREMENTS:

Only registered nurses that fulfill all of the following requirements are permitted to initiate this standardized protocol.

1. The RN is a regular status or per diem employee, including assistant nurse managers.
2. Has at least 6 months experience in the ACU setting.
3. Has successfully completed the Protocol for Ambulatory Care Unit Standardized Anesthesia Patient Care competency.
4. Has successfully completed, on an annual basis, the training and competency validations for the protocol.
5. RN's name appears on the list of authorized RN's form implementation of the protocol. The list is maintained by the ACU and is sent to Surgical Services Education not less than annually and upon each update.

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(With an Intravenous Start)**

SUPPORTIVE DATA:

An RN will assess all patients presenting to the Ambulatory Care Unit for care. The authorized RN will initiate specific orders or procedures that will facilitate diagnosis and treatment of the patient. The RN may initiate these standardized procedures in order to facilitate and expedite the process of obtaining diagnostic information and treating the patient requiring anesthesia.

In order to provide the highest standard of care, these Protocols incorporate the following qualities:

- ADAPTABILITY, in order to allow for the unique management needs of each individual patient
- FLEXIBILITY, to accommodate the rapidly changing and complex nature of the health care field and to acknowledge that medicine is not an exact science
- PRACTICALITY, in order to be useful in a setting that must incorporate a variety of educational backgrounds and personal management styles and
- SPECIFICITY, to address the intent of Protocols, which are meant to protect the health care consumer.

PHYSICIAN SUPERVISION:

Will include:

1. On-site supervision and /or telephone consultation by assigned anesthesiologist.
2. Random chart audits.

**STANDARDS OF COMPETENT
PERFORMANCE**

(Excerpt from California Code of Regulations, Title 16, Chapter 4- 1443.5)

A registered nurse shall be considered to be competent when she/he consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

1. Formulates a nursing diagnosis through observation of the patient's physical condition and behavior and through interpretation of information obtained from the patient and others, including the health team.
2. Formulates a care plan, in collaboration with the patient, which ensures that direct and indirect nursing care service provides for the patient's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
3. Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the patient and family, and teaches the patient and family how to care for the patient's health needs.
4. Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(With an Intravenous Start)**

5. Evaluates the effectiveness of the care plan through observation of the patient's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the patient and the health team members, and modifies plan as needed.
6. Acts as the patient's advocate as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the patient, and by giving the patient the opportunity to make informed decisions about health care before it is provided.

PROTOCOL:

PEDIATRICS:

All patients less than 18 years old:

If at any time the RN has unanswered questions or requires consultation or interpretation, she/he will contact the assigned anesthesiologist.

1. Obtain health history.
2. Conduct physical assessment.
3. Assess patient for unexpected conditions (e.g. signs/symptoms of URI, cough, rash, etc.). If indicated, report to assigned anesthesiologist.
4. Assure presence of completed consent form.
5. Maintain NPO status per anesthesia approved guidelines.
6. Notify assigned anesthesiologist of conditions or nursing diagnoses as needed.
7. May use indwelling catheter as needed for intravenous access and/or lab specimens. If needed, flush per protocol.
8. If patient is an insulin dependent diabetic:
 - a. Glucose on admission to ACU
 - b. Notify assigned anesthesiologist if glucose is ≤ 70 or ≥ 150
9. Instruct patients to take all current medications as prescribed prior to arrival unless instructed otherwise by a physician.

Exceptions:

- Insulin/oral hypoglycemic-instruct patient to notify prescribing physician for orders.
- Anti-coagulants-instruct patient to notify surgeon for instructions.

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(With an Intravenous Start)**

1. Notify anesthesia and surgery departments if patient has allergy to latex.
2. Notify assigned anesthesiologist if NPO status differs from current guidelines.
3. If patient is **less than 8 years old**:
 - a. Assess anxiety level.
 - b. Call for sedation order prior to transfer out of ACU.
 - c. Out-of-Department procedure—apply topical anesthetic to potential IV sites per *Pediatric IV Protocol*.
 - d. Have Versed (Midazolam) 0.7 mg/Kg po/GT (maximum dosage is Versed 20 mg) available for administration on call to OR. Anesthesia will call to confirm time for administration if medication is warranted. (If the anesthesiologist wishes to administer a lesser dose (i.e. Versed 0.5 mg/Kg he/she may do so by calling the ACU and verbally adjusting the dose per kilogram or the maximum dose.)
4. If patient is **8 years or older**:
 - a. Assess for IV site.
 - b. Apply topical anesthetic to potential IV sites.
 - c. Assess anxiety level.
 - d. Place saline lock:
 - Use 22g. catheter
 - Maximum 2 attempts
 - Notify assigned anesthesiologist if unsuccessful
5. **If patient has a Porta cath or Broviac-type catheter, the catheter will be accessed according to established protocols, using a 10ml syringe containing preservative free normal saline and a 3-way stopcock, which has been de-aired.**
6. Notify assigned anesthesiologist if last menstrual period was more than 4 weeks prior to admission.

ADULTS:

All patients 18 years or older:

If at any time the RN has unanswered questions or requires consultation or interpretation they will contact the assigned anesthesiologist.

1. Obtain health history.
2. Conduct physical assessment.
3. Assess patient for unexpected conditions (e.g. signs/symptoms of URI, cough, rash, etc.). If indicated, report to assigned anesthesiologist.

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(With an Intravenous Start)**

4. Assure presence of completed consent form.
5. Instruct patients to take all current medications as prescribed prior to arrival unless instructed otherwise by a physician

Exceptions:

- Insulin and oral hypoglycemics-instruct patient to notify prescribing physician for orders
 - Anti-coagulants-instruct patient to notify surgeon for instructions
6. Notify anesthesia department and surgery department if patient has allergy to latex.
 7. Notify assigned anesthesiologist if NPO status differs from current guidelines (see addendum).
 8. All adult IVs will be 18g. catheter. If 18g. is not possible 20g. may be used.
 9. Adults with cross-matched blood products will have 16g. IV. If 16g. is not possible, 18g. may be used.
 10. If unable to use upper extremities, obtain order from surgeon or anesthesiologist to use lower extremity.

Patients may have a combination of these conditions and will then require combining the protocol for each condition.

*** If EKG is available for the chart do not repeat unless older than 3 months**

****If lab results are available for the chart less than 30 days old, do not repeat unless specified below**

1. General:
 - a. NPO per anesthesia approved guidelines
 - b. Any patient taking digoxin or diuretics will have a potassium level on admission
 - c. Any patient receiving heparin or Coumadin will have a PT or PTT on admission
 - d. Patients who have had a preoperative bowel prep will have a STAT potassium level drawn on admission
 - e. Patients taking a BetaBlocker, who have not taken their regular dose the evening prior or day of surgery, will be given their regular scheduled dose preoperatively with a small sip of water. Do not give if patient's HR is ≤ 60 .
 - f. Old chart to surgery
 - g. Notify assigned anesthesiologist if possibility of pregnancy exists
 - h. If patient/physician states history of GERD (Gastric Esophageal Reflux Disease) or is obese ($BMI \geq 40$) give:

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(With an Intravenous Start)**

- Metoclopramide 10 mg IV/po preop (unless GERD meds taken in a.m.) (hold for patients with history of Parkinson's disease)
 - Famotidine 20 mg po preop (unless GERD meds taken in a.m.) (hold for patients with history of Parkinson's disease)
2. **Uncomplicated** (without chronic process)
- <40 years:**
- Repeat if preadmission lab results are within **critical range**, notify anesthesiologist if abnormal
 - IV- 1000 ml Lactated Ringers, Regular tubing (blood pump tubing if units of blood have been cross-matched), Extension set (with leur-lock hub if blood has been cross-matched), infuse at 100 ml/hr
- ≥40 years**
- *EKG
 - Repeat if preadmission lab results are within **critical range**, notify anesthesiologist if abnormal
 - IV- 1000 ml Lactated Ringers, Regular tubing (blood pump tubing if units of blood have been cross-matched), Extension set (with leur-lock hub if blood has been cross-matched), infuse at 50 ml/hr
3. **Renal**-history of chronic renal failure with or without dialysis management or renal insufficiency
- a. **CBC, Renal panel, PT, PTT
 - b. Potassium level on admission
 - c. May repeat if preadmission lab results are within **critical range**
 - d. *EKG
 - e. Saline lock
 - f. May use existing indwelling catheter for lab draw
 - 1) Withdraw and flush per protocol or
 - 2) Infuse 500 ml Normal Saline (NS) with mini-drip tubing at 50 ml/hour
 - g. Discuss with anesthesia provider use of peripheral IV versus indwelling dialysis catheter.
4. **Cardiovascular**-history of stroke, previous MI, cardiac surgery (including pacemaker, AICD), chronic hypertension, heart failure
- a. **CBC, Renal Panel, PT, PTT
 - b. *EKG
 - c. IV- 1000 ml Lactated Ringers, Regular tubing (blood pump tubing if units of blood have been cross-matched), Extension set (with leur-lock hub if blood has been cross-matched) , infuse at 50 ml/hr. Do not tape over the radial artery.
5. **Neurologic**- history of seizures, loss of consciousness, having neurological procedures including Craniotomy, Laminectomy, etc.
- a. **CBC, Renal panel, PT, PTT

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(With an Intravenous Start)**

- b. *EKG
 - c. Craniotomy procedure
 - 1) Saline lock

 - d. Non-craniotomy procedure
 - 1) 1000 ml Lactated Ringers, Regular tubing (blood pump tubing if units of blood have been cross-matched), Extension set (with leur-lock hub if blood has been cross-matched) , infuse at 50 ml/hr. Do not tape over the radial artery
6. **Diabetic**-history of Type I or Type II diabetes controlled by medications
- a. **Renal panel on admission
 - b. *EKG
 - c. 1000 ml Lactated Ringers, Regular tubing (blood pump tubing if units of blood have been cross-matched), Extension set (with luer lock hub if blood has been cross-matched) , infuse at 50 ml/hr
 - d. Point of Care glucose
 - 1) Call results to assigned anesthesiologist if ≤ 70 or ≥ 150
 - 2) Implement *Protocol for Hypoglycemia* or *Protocol for Hyperglycemia using Insulin*
7. **Major Orthopedic-**
- a. **CBC, Renal panel, PT, PTT
 - b. IV-1000 ml Lactated Ringers, Regular tubing (blood pump tubing if units of blood have been cross-matched), Extension set (with leur-lock hub if blood has been cross-matched), infuse at 50 ml/hr
8. **Dental Procedures**-Dr Bughao, DDS-admitted for general dentistry with anesthesia
- a. IV-Lactated Ringers, Regular tubing, extension set, infuse at 50 ml/hr **OR** Saline lock (send IV solution and tubing with patient to OR)
 - b. Midazolam 2 mg IV prn, may repeat x 1 prn preoperative agitation

APPROVALS

The Director of Surgical Services, the Chief Nurse Executive and the Anesthesia Administrative Committee will approve this standardized procedure annually. A record of nurses approved to utilize this standardized procedure will be maintained by the Director of Surgical Services with a copy for the Chief Nurse Executive.

Developed: 11/06
Reviewed:
Revised:

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(With an Intravenous Start)**

SUTTER MEDICAL CENTER,
SACRAMENTO

MEDICAL STAFF
REVIEW DATE: 04/2010

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(With an Intravenous Start)**

APPROVALS

Council for Patient Care Standards	November 26, 2006
Anesthesia Administrative Committee	November 8, 2006
IDPSC	December 11, 2006
Credentials Committee	December 12, 2006
Medical Executive Committee	January 23, 2007
Medical Policy Committee	February 14, 2007
Board of Trustees	March 1, 2007

**PROTOCOL FOR
AMBULATORY CARE UNIT
STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION
(Without an Intravenous Start)**

Standardized Procedure for Anesthesia Preparation (Without an Intravenous Start)

SUTTER MEDICAL CENTER,
SACRAMENTO

MEDICAL STAFF
Review date: 04/2010

PURPOSE:

To establish criteria for ordering specific diagnostic tests, establishing intravenous (IV) access and/or administration of medications by registered nurses (RN) in the Ambulatory Care Unit (ACU) during admission, provided the assigned anesthesiologist or his/her designee is onsite or available by phone. It is not the intent to have the RN independently diagnosing, treating or managing all the patient conditions they might encounter, but rather to utilize their assessment and health care management skills in conjunction with the Protocols and the collegial Physician-Registered Nurse relationship, to meet the health care needs of the patients and to avoid unnecessary surgical delays or cancellations.

LEVEL:

Dependent (Standardized procedure per California Nursing Practice Act, Sections 1470-1474)

AUTHORIZED SETTINGS:

This protocol may be implemented in the ACU (first floor) at Sutter Memorial Hospital and the ACU (3 north) at Sutter General Hospital.

RN REQUIREMENTS:

Only registered nurses that fulfill all of the following requirements are permitted to initiate this standardized protocol.

1. The RN is a regular status or per diem employee, including assistant nurse managers.
2. Has at least 6 months experience in the ACU setting.
3. Has successfully completed the *Protocol for Ambulatory Care Unit Standardized Anesthesia Patient Care* competency.
4. Has successfully completed, on an annual basis, the training and competency validations for the protocol.
5. RN's name appears on the list of authorized RN's form implementation of the protocol. The list is maintained by the ACU and is sent to Surgical Services Education not less than annually and upon each update.

SUPPORTIVE DATA:

An RN will assess all patients presenting to the Ambulatory Care Unit for care. The authorized RN will initiate specific orders or procedures that will facilitate diagnosis and treatment of the patient. The RN may initiate these standardized procedures in order to facilitate and expedite the process of obtaining diagnostic information and treating the patient requiring anesthesia.

In order to provide the highest standard of care, these Protocols incorporate the following qualities:

- ADAPTABILITY, in order to allow for the unique management needs of each individual patient
- FLEXIBILITY, to accommodate the rapidly changing and complex nature of the health care field and to acknowledge that medicine is not an exact science
- PRACTICALITY, in order to be useful in a setting that must incorporate a variety of educational backgrounds and personal management styles and
- SPECIFICITY, to address the intent of Protocols, which are meant to protect the health care consumer.

PHYSICIAN SUPERVISION:

Will include:

3. On-site supervision and /or telephone consultation by assigned anesthesiologist.
4. Random chart audits.

STANDARDS OF COMPETENT PERFORMANCE

(Excerpt from California Code of Regulations, Title 16, Chapter 4- 1443.5)

A registered nurse shall be considered to be competent when she/he consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

1. Formulates a nursing diagnosis through observation of the patient's physical condition and behavior and through interpretation of information obtained from the patient and others, including the health team.
2. Formulates a care plan, in collaboration with the patient, which ensures that direct and indirect nursing care service provides for the patient's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
3. Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the patient and family, and teaches the patient and family how to care for the patient's health needs.
4. Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.

5. Evaluates the effectiveness of the care plan through observation of the patient's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the patient and the health team members, and modifies plan as needed.
6. Acts as the patient's advocate as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the patient, and by giving the patient the opportunity to make informed decisions about health care before it is provided.

PROTOCOL:

PEDIATRICS:

All patients less than 18 years old:

If at any time the RN has unanswered questions or requires consultation or interpretation, she/he will contact the assigned anesthesiologist.

7. Obtain health history.
8. Conduct physical assessment.
9. Assess patient for unexpected conditions (e.g. signs/symptoms of URI, cough, rash, etc.). If indicated, report to assigned anesthesiologist.
10. Assure presence of completed consent form.
11. Maintain NPO status per anesthesia approved guidelines.
12. Notify assigned anesthesiologist of conditions or nursing diagnoses as needed.
13. May use indwelling catheter as needed for intravenous access and/or lab specimens. If needed, flush per protocol.
14. If patient is an insulin dependent diabetic:
 - Glucose on admission to ACU.
 - Notify assigned anesthesiologist if glucose is ≤ 70 or ≥ 150 .
15. Instruct patients to take all current medications as prescribed prior to arrival unless instructed otherwise by a physician.

Exceptions:

- Insulin/oral hypoglycemic-instruct patient to notify prescribing physician for orders.
- Anti-coagulants-instruct patient to notify surgeon for instructions.

16. Notify anesthesia and surgery departments if patient has allergy to latex.
17. Notify assigned anesthesiologist if NPO status differs from current guidelines.
18. If patient is **less than 8 years old**:
 - e. Assess anxiety level.
 - f. Call for sedation order prior to transfer out of ACU.
 - g. Out-of-Department procedure—apply topical anesthetic to potential IV sites per *Pediatric IV Protocol*.
 - h. Have Versed (Midazolam) 0.7 mg/Kg po/GT (maximum dosage is Versed 20 mg) available for administration on call to OR. Anesthesia will confirm time for administration if medication is warranted. (If the anesthesiologist wishes to administer a lesser dose (i.e. Versed 0.5 mg/Kg he/she may do so by calling the ACU and verbally adjusting the dose per kilogram or the maximum dose.)
19. If patient is **8 years or older**:
 - e. Assess for IV site.
 - f. Apply topical anesthetic to potential IV sites.
 - g. Assess anxiety level.
20. Notify assigned anesthesiologist if last menstrual period was more than 4 weeks prior to admission.

ADULTS:

All patients 18 years or older:

If at any time the RN has unanswered questions or requires consultation or interpretation they will contact the assigned anesthesiologist.

11. Obtain health history.
12. Conduct physical assessment.
13. Assess patient for unexpected conditions (e.g. signs/symptoms of URI, cough, rash, etc.). If indicated, report to assigned anesthesiologist.
14. Assure presence of completed consent form.
15. Instruct patients to take all current medications as prescribed prior to arrival unless instructed otherwise by a physician

Exceptions:

- Insulin and oral hypoglycemics-instruct patient to notify prescribing physician for orders
 - Anti-coagulants-instruct patient to notify surgeon for instructions
16. Notify anesthesia department and surgery department if patient has allergy to latex.
 17. Notify assigned anesthesiologist if NPO status differs from current guidelines (see addendum).

Patients may have a combination of these conditions and will then require combining the protocol for each condition.

*** If EKG is available for the chart do not repeat unless older than 3 months**

****If lab results are available for the chart less than 30 days old, do not repeat unless specified below**

9. General:
 - i. NPO per anesthesia approved guidelines
 - j. Any patient taking Digoxin or diuretics will have a potassium level on admission
 - k. Any patient receiving heparin or Coumadin will have a PT or PTT on admission
 - l. Patients who have had a preoperative bowel prep will have a STAT potassium level drawn on admission
 - m. Patients taking a Beta-Blocker, who have not taken their regular dose the evening prior or day of surgery, will be given their regular scheduled dose preoperatively with a small sip of water. Do not give if patient's HR is ≤ 60 .
 - n. Old chart to surgery
 - o. Notify assigned anesthesiologist if possibility of pregnancy exists
 - p. If patient/physician states history of GERD (Gastric Esophageal Reflux Disease) or is obese (BMI ≥ 40) give:
 - Metoclopramide 10 mg IV/po preop (unless GERD meds taken in a.m.) (hold for patients with history of Parkinson's disease)
 - Famotidine 20 mg po preop (unless GERD meds taken in a.m.) (hold for patients with history of Parkinson's disease)
10. **Uncomplicated** (without chronic process)
<40 years:
 - Repeat if preadmission lab results are within **critical range**, notify anesthesiologist if abnormal **≥ 40 years**
 - *EKG
 - **CBC, Renal panel, PT, PTT
 - Repeat if preadmission lab results are within **critical range**, notify anesthesiologist if abnormal
11. **Renal**-history of chronic renal failure with or without dialysis management or renal insufficiency
 - g. **CBC, Renal panel, PT, PTT
 - h. Potassium level on admission
 - i. May repeat if preadmission lab results are within **critical range**
 - j. *EKG
 - k. May use existing indwelling catheter for lab draw
 - 3) Withdraw and flush per protocol or
 - h. Discuss with anesthesia provider use of peripheral IV versus indwelling dialysis catheter.
12. **Cardiovascular**-history of stroke, previous MI, cardiac surgery (including pacemaker, AICD), chronic hypertension, heart failure

- d. **CBC, Renal Panel, PT, PTT
 - e. *EKG
13. **Neurologic-** history of seizures, loss of consciousness, having neurological procedures including Craniotomy, Laminectomy, etc.
- d. **CBC, Renal panel, PT, PTT
 - e. *EKG
14. **Diabetic-**history of Type I or Type II diabetes controlled by medications
- e. **Renal panel on admission
 - f. *EKG
 - g. Point of Care glucose
 - 3) Call results to assigned anesthesiologist if ≤ 70 or ≥ 150
 - 4) Implement *Protocol for Hypoglycemia or Protocol for Hyperglycemia using Insulin*
15. **Major Orthopedic-**
- c. **CBC, Renal panel, PT, PTT

APPROVALS

The Director of Surgical Services, the Chief Nurse Executive, and the Anesthesia Administrative Committee will approve this standardized procedure annually. A record of nurses approved to utilize this standardized procedure will be maintained by the Director of Surgical Services with a copy for the Chief Nurse Executive.

Developed: 11/06

Reviewed:

Revised:

SUTTER MEDICAL CENTER,
SACRAMENTO

MEDICAL STAFF
REVIEW DATE: 04/2010

PROTOCOL FOR AMBULATORY CARE UNIT STANDARDIZED PROCEDURE FOR ANESTHESIA PREPARATION (Without an Intravenous Start)

APPROVALS

Council for Patient Care Standards	November 26, 2006
Anesthesia Administrative Committee	November 8, 2006
IDPSC	December 11, 2006
Credentials Committee	December 12, 2006
Medical Executive Committee	January 23, 2007
Medical Policy Committee	February 14, 2007
Board of Trustees	March 1, 2007

1/2011

**DEPARTMENT OF ANESTHESIA STATEMENT
ADULT AND PEDIATRIC NPO GUIDELINES**

This applies to all patients scheduled for anesthesia care, EXCEPT those at increased risk for delayed gastric emptying, regurgitation, or pulmonary aspiration. Deviation from this policy is acceptable if ordered on a patient-specific basis by the attending anesthesiologist. Except for patient-specific adaptations, this policy will be enforced throughout Sutter Medical Center Sacramento, so that patients will not receive mixed messages. Questions regarding the appropriateness of this protocol for any given patient should be addressed to a member of the Anesthesia Department, preferable to the consulting anesthesiologist on the case.

- I. **INFANTS** (0-6 months of age) will be NPO:
 - A. **For Solids:** 8 hours before scheduled surgery
 - B. **For Breast Milk and Formula:** 4 hours prior to scheduled surgery
 - C. **For Clear Liquids:** 2 hours prior to scheduled surgery

- II. **CHILDREN** (7 months - 12 months old) will be NPO:
 - A. **For Solids:** 8 hours before scheduled surgery
 - B. **For Breast Milk and Formula:** 6 hours prior to scheduled surgery
 - C. **For Clear Liquids:** 2 hours prior to scheduled surgery

- III. **CHILDREN** (13 months old to 12 years old will be NPO:
 - A. **For Solids and Breast Milk:** 8 hours before scheduled surgery
 - B. **For Clear Liquids:** 2 hours before scheduled surgery

- IV. **CHILDREN** (13 years or older) **and all ADULTS** will be NPO:
 - A. **For Solids and Liquids:** NPO after 11:00 p.m. for cases scheduled before 12 noon.
For cases scheduled after 12 noon: no solid food after midnight and clear liquids allowed up to four (4) hours before the scheduled procedure.

(Depending upon the procedure, it may be totally appropriate to allow this group to be NPO for clear liquids 2 hours prior to scheduled surgery, but this decision **must** be made **only** by the consulting anesthesiologist on a patient-by-patient basis.)

For purposes of this policy, pediatric clear liquids are **only**:

Water	NO CARBONATED DRINKS
Pedialyte	NO 7-UP OR GINGERALE
Koolaid	NO GELATIN (JELLO)
Gatorade	NO BROTH
Grape Juice	

Cranberry Juice
Apple juice
Popsicles (pulp free)

Approvals:

Anesthesia Administrative Committee
Medical Executive Committee:

04/09/2008

05/27/2008

Developed: 3/94

Reviewed: 7/96; 06/02

Revised: 9/99; 1/05; 4/08

J:\MedStaff Docs\MedStaff P&Ps\Anesthesia\ANES - Adult & Pediatric NPO Guidelines.doc

cc: Nursing Standards Council
Nursing Administration

Section 13 – Surgery Department Policies

Important Noteworthy Policies

The following are some of the important policies pertaining to surgical services:

- Administrative Policy for Surgery Scheduling and Block Time Policy
- Department of Surgery Policy on 7:30 A.M. (first case of the day) O.R. Scheduling (or 8:30 a.m. on Thursdays)
- Medical Staff Policy for Completion of Medical Records
- Policy for Pre-operative Basic Requirements for Patients undergoing a Surgical Procedure

Others may be found online by using these links:

- <http://smcs.sutterlink.net/policies/medstaff/>
- <http://smcs.sutterlink.net/policies/surgicalservices/index.cfm>