

# Corewell Health West Ambulatory Surgery Center (ASC) Qualifications

## Lake Drive, South Pavilion & Grand Haven

The **red** criteria are **hard stops**. These cases should not be scheduled at an ASC. If a patient is scheduled and meets a hard stop, the Pre-Admission Testing (PAT) RN is instructed to notify the surgeon's office of the need to reschedule at a hospital. No Anesthesia review needed.

The **black** criteria identify patients that require Anesthesia review prior to procedure at an ASC. If you would like to have Anesthesia review the patient prior to scheduling, please see steps at the end of this document.

These qualifications **DO NOT** apply to a patient undergoing a procedure with LOCAL ONLY. Keep in mind there is rarely ability to consider transitioning a local case to a MAC due to logistics and potential need for patient to be optimized.

### BMI

- **BMI – 50 and above (adult and peds)**
  - **Exception:** cataracts, Anesthesia review required
- BMI 40 – 49 with a procedure under general
- BMI 45-49 with a procedure under MAC

### Weight limit for equipment at Lake Dr/S Pavilion

- 6701 Hercules – Height - 23 low to 41 high – 1,200-pound patient lift/1,000-pound patient articulation
- 6702 - Height - 23 low to 41 high – 1,200-pound patient lift/1,000-pound patient articulation
- 3503 EZ slide - Height - 25 low to 43 high – 700-pound patient lift/600-pound patient Slide & Articulation
- 3003 Impulse slide - Height - 28 low to 42 high – 500-pound patient lift & Slide/500-pound patient articulation
- 6001 Elite - Height - 28 low to 45 high – 500-pound patient lift/500-pound patient articulation
- 3008 Slide Clarity - Height - 28 low to 42 high – 500-pound patient lift & Slide/300-pound patient articulation

### Anesthesia Complications/Reactions

- **Previous Difficult Intubation or required fiberoptics with previous intubation**
  - If patient reports history of difficult intubation and the records are not in Epic the PAT RN will ask the surgeon's office to obtain prior intubation records for Anesthesia to review.
- **Malignant Hyperthermia – self or first degree relative**

### Cardiovascular

- **ICD / AICD / Defibrillator**
  - **Procedure with general anesthesia and cautery**
  - Eye procedure under MAC without cautery
  - **Leadless pacemakers** (other pacemakers okay)
- Angina – chronic or acute\*
- Congestive Heart Failure \*
- Coronary Artery Disease \*
  - CAD “equivalents” including:
    - Previous MI -regardless of time of MI
    - Insulin dependent DM with last A1c >8
    - CVA/TIA -regardless of time of CVA/TIA
    - CKD with Creatinine > 2 or ESRD
    - Peripheral arterial or cerebrovascular disease

**\*If stable/mild, recent cardiology f/u, no symptoms, compliant with meds, MAC anesthesia- no review needed.**

- **Severe Aortic Stenosis (less than 1 cm<sup>2</sup> or gradient > 40 mmHg)**
- Moderate Aortic Stenosis
- AAA without Cardiology follow up in the last year
- Ejection Fraction < 30%

**NOTE:** Surgeon is responsible for getting anticoagulant instructions from the prescribing provider.

### Respiratory

- **Continuous O<sub>2</sub> needs and scheduled for procedure with General**
- Need for O<sub>2</sub> use:
  - Intermittent - daytime and/or nocturnal only

- Continuous use and scheduled for a procedure with MAC
- Obstructive Sleep Apnea in conjunction with another co-morbidity AND non-compliant with therapy
- Shortness of Breath, poor functional capacity (METs < 4)
- Asthma, unstable and uncontrolled \*
- Chronic Obstructive Pulmonary Disease, unstable and not controlled\*

**\*Recent respiratory infection, ER visit or hospitalization, rescue inhaler use required multiple times daily**

#### Neurologic

- **Stroke / TIA within a year**
- Myasthenia Gravis
- Multiple Sclerosis – active with complications and/or seeking treatment
- Seizure Disorder: \*
  - Non-epileptic seizures
  - Uncontrolled or frequent seizures

**\*If well controlled on maintenance therapy or had a seizure years ago will not require Anesthesia review.**

#### Chronic Illegal Drug Abuse

- **Cocaine – surgeon’s office must have a clear drug test on file prior to procedure**
- **Heroin – surgeon’s office must have a clear drug test on file prior to procedure**
- Stimulants (MDMA, non-prescription amphetamines)
- “Huffing” vapors
- Psychotropic medications (LSD, “mushrooms” or psilocybin)
- Non-prescribed use (opioids, Ketamine, stimulants)

#### Chronic Alcoholism / Alcohol Abuse

- Drink more than 2 drinks per day
- History of withdrawal

#### Cirrhosis

- Any history of cirrhosis, even if only seen on imaging and mild.

#### Diabetes

- Uncontrolled diabetes with HgbA1c > 8%
- History of DKA

**NOTE:** Surgeon required to get the Diabetes Management form completed by the prescribing provider for diabetic medication instructions. If on an insulin pump a plan should be obtained to support discontinuation of the pump prior to procedure. Insulin pumps and continuous glucose monitors are not recommended for use in the OR.

#### Renal Insufficiency / ESRD

- **On dialysis (hemodialysis or peritoneal dialysis)**
- **End stage renal disease**

#### Chronic pain

- Patients taking suboxone or naltrexone which are known to block pain medication receptors. All other opioid antagonists okay to continue and do not require anesthesia review.
- Patients receiving a nerve block may be okay to continue suboxone treatment – still require Anesthesia review.

#### Pediatric Factors:

- **Term infants less than 6 months of age**
- **Patients less than 3 years having an airway procedure** (Any procedure involving the oropharynx and larynx including tonsillectomies)
- **Cyanotic Congenital cardiac disease**
- Other Congenital cardiac disease

#### Other Factors

- **Live Pregnancy** (Procedures for missed abortion okay)
- **Patients that require any type of mechanical lift**

- If transfer requires more than 2 people or patient is paraplegic / quadriplegic **requires site leadership review**. Include an assessment of who typically helps transfer the patient and if they will be present DOS.
- **IV starts for any patient >100 lbs and needing restraints for IV access (pediatrics, special needs patients, other IV access concerns, combative)**

#### **Implanted Device**

**Note:** Surgeon is responsible to obtain device information, ensure there is not a concern for disruption of the device and have plan prior to procedure – Does it need to be shut off? If so, who will turn it off? Does patient need to bring a remote?

- Includes: baclofen pump and stimulators (bladder, pain, vagal nerve, deep nerve), etc.

#### **Pre-Anesthesia Review**

- Create a telephone encounter using the Smartphrase: PREANESTHESIAREVIEW.
- Send to the to the appropriate Epic Pool:
  - Lake Drive and South Pavilion Pool: **GR ASC PAT RN**
  - Grand Haven Center Pool: **SHGH PAT Pool**
- The PAT RN will forward message to the site-specific anesthesia “doc of the day” for review.