

McLaren Flint  
ANESTHESIA ORDER SET PROTOCOL AND GUIDELINES

History or Condition Met	Conditions	Drug Level/ Misc	CBC/ Plt	PT/ PTT/ INR	HCG	BMP	CMP	EKG	CXR	MRSA Nasal Swab
	Anemia (within 1 year) (Excessive Blood loss)		X							
	Arrhythmia / Pacemakers	K +						X		
	Bleeding disorder, History of		X	X			X			
	Chemotherapy/ Radiation (within past 6 mo.) (CXR if Thoracic Radiation)		X			X		X		
	<b>Chest Pain (Cardiac), Coronary Artery Disease</b>		X	X		X		X		
	CHF (recent admission of exacerbation within 90 days)								X	
	Severe COPD / Continuous O2 > 18 hours (Obtain: ABG on their regular oxygen & document )	ABG				X				
	Coumadin (draw on AM of procedure)			X						
	Diabetes					X				
	Diuretics					X				
	Drugs: Digoxin/ Dilantin/ Lithium	X				X				
	Dyspnea on exertion (Acute) (* H&H only / No CBC )		H&H			X		X		
	<b>Females: Active menstruation -age 60 , exclude for prior hysterectomy</b> ..... (Blood HCG if Dialysis or Renal Failure Patient )				X					
	High Surgical Acuity: Vascular, Thoracic Procedures, Pericardial Window, Major Bowel or Abdominal Cases ( including Whipple ), Craniotomy, Nephrectomy, CABG & TAVR.		X	X			X	X		
	Liver disease (severe/ cirrhosis/ heavy ETOH)		X	X			X			
	Spinal with Instrumentation ( Obtain this labwork panel when : 2 Levels or more are affected )		X	X		X				X
	Hypertension					X		X		
	Renal Disease (CRI, CRF) (Dialysis patients need BMP on Day of Surgery)		X			X		X		
	Stroke / TIA / Sscope (Circle One)							X		

**General Guidelines**

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| <p>1. Labs are accepted for 90 days unless abnormal, EKG and CXR 1 year<br/>If patient has AICD, determine last interrogation, stress and heart cath</p> <p>2. Patients with low potassium (&lt;3.0) should be referred to their primary care physician to address with oral agent. Repeat lytes on date of surgery.</p> <p>3. Patients with sleep apnea need to bring CPAP on day of procedure</p> <p>4. <b>Pulmonary Function Test needed</b> for patients having a lung resection</p> <p>5. Patients with a history of difficult intubation &amp;/or malignant hyperthermia document this in nurses notes &amp; add in comments on OR schedule.</p> | <p>6. If patient had a stress test, heart cath, or echo within past <b>2 yrs</b>, obtain/verify most recent in chart.</p> <p>7. Refer to appropriate provider (primary care, ED, urgent care, cardiologist) and notify surgeon for acute changes such as: Uncontrolled HTN, untreated CVA/TIA, Uncontrolled seizure, Wheezing at time of PAT, new or worsening chest pain or any blood disorder. These would be acute changes and must be reviewed by Anesthesia.</p> <p>8. If patient has stents, must have seen cardiologist within past 2 years. If patient has been to the cardiologist recently, do not send back, just get note.</p> |
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\* EKG is not required if a copy is available within the last 1 year, and copy is on chart.

\*Obtain the most recent Cardiologist Note or a Cardiac Clearance.

\* ORDER CBC anytime a T&S and/or T&C is ordered.

\*Obtain information about brand or make of AICD, Pacemaker.

\* Instruct patient to bring AICD, Pacemaker Card on day of surgery.

**Orders for T&S and T&C**

Anterior Thoracic Fusion w/ Bone Graft	TS	Cystectomy	TS	Liver Resection	TC - 2 Units	Pericardial Window	TS
Aortic Aneurysm Repair; AF Bypass;	TC - 4 Units	Depressed Skull Fracture	TS	Lung Resection	TS	Pneumonectomy	TC - 2 Units
Biopsy – Mediastinal	TS	Disarticulation of Hip	TC - 2 Units	Major Abdominal Case	TS	Prostatectomy	TC - 2 Units
Bladder Resection	TS	Esophageal Fistula	TS	Major Vascular Case	TS	Resection Ventricular Aneurysm	TC - 2 Units
Cardiac Valve Repair or Replacement	TC - 2 Units	Esophagectomy	TC - 2 Units	Mediastinal Exploration	TS	Roux-En-Procedure	TS
Carotid Endarterectomy	TS	Hemi Nephrectomy	TS	Neck Radical Dissection	TS	Ruptured Viscus	TC - 2 Units
Cerbral Angiogram/ Intervention	TS	Hemiglossectomy	TC - 2 Units	Nephrectomy	TS	ALL Spinal Fusion with or w/o Instrumentation	TS
Colectomy	TS	Hiatus Hernia Repair	TS	Nephro - Ureterectomy	TS	Subtotal Colectomy	TS
Commando Operation	TC - 2 Units	Hip Fracture	TS	Orthopedic Open (ORIF) (Lower Extremity)	TS	Thoracotomy / VATS	TS
Coronary Artery Bypass	TC - 2 Units	Ileocolectomy w or w/o Cystectomy	TS	Pancreaticojejunostomy	TC - 2 Units	Tranphenoidal Hypophysectomy	TS
Cranioplasty	TS	Knee / Hip /Shoulder Replacement or Revision	TS	Pectus Excavation	TC - 2 Units	Ventricular Septal Defect	TC - 2 Units
Craniotomy - Aneurysm/Tumor	TC - 2 Units	Laser Lead Extraction	TS	Pelvic Exconceration	TS	Whipple Procedure	TC - 4 Units
Craniotomy - Subdural Hematoma	TS	Ligation Internal Maxillary Artery	TC - 2 Units	Pelvic Lymph Node Dissection	TS		