

Perioperative Management of Elective Surgery Patients

PURPOSE: It is VCMC/SPH policy to have patients in the best possible state of health prior to elective surgery to reduce the risk of post-operative complications.

POLICY:

A. Glycemic Management

1. Glucose management prior to elective surgery:
 - a. Primary Care Provider (PCP) will check HbA1c within the last three months for all adult patients prior to referring patient to the surgeon.
 - b. Recommendation for HbA1c <8%: PCP refers patient to surgeon.
 - c. Recommendation for patients with HbA1c result >8% :
 - i. PCP works with patient to get DM controlled and HbA1c <8%, or
 - ii. PCP sends patient to Diabetologist or Endocrinologist for consult.
2. Glucose management on day of elective surgery:
 - a. Glucose checked in pre-op/same-day surgery area for all patients >age 18 and children with a history of diabetes.
 - b. If HbA1c is unknown, or known to be greater than 8%, day surgery RN will notify the attending surgeon and diabetes physician to determine whether surgery should proceed.
 - c. Goal glucose is <180mg/dL pre-op, intra-op and post-op for at least 48 hours. If glucose is >180mg/dL, RN will notify attending surgeon and diabetes physician to determine whether surgery should proceed.
 - d. If glucose >180mg/dL, **and** patient is to have vascular, joint replacement, hysterectomy, colorectal, or spinal surgery: provider orders insulin drip, utilizing the insulin infusion software program.
 - e. For all other elective surgeries, if glucose is >180mg/dL, day surgery RN will contact attending surgeon and diabetes physician to determine intraoperative glucose management.
 - i. If provider decides to continue surgery, and case is > 1 hour, provider orders insulin drip, utilizing the insulin infusion software program.
 - ii. If provider decides to continue surgery, and case is < 1 hour, provider may order subcutaneous insulin injection.
 - f. When an inpatient on an Insulin drip requires surgery, the pre-op, OR circulator and PACU RNs and Anesthesiologist will monitor glucose levels and continue the patient on the insulin drip utilizing the insulin infusion software program recommendations to titrate insulin.

3. Prior to hospital discharge, patient will have a scheduled follow-up appointment with his/her PCP, or with DM specialist physician.

B. Smoking Cessation

- a. All patients referred for surgical procedures will be assessed for smoking by their PCP. Patients who are smokers will be referred to HCA's Smoking Cessation (SC) program.
- b. In the surgical clinics, patients will be assessed for smoking. Patients who are smokers will be referred to the Smoking Cessation program if they have not been referred by the PCP.
 - i. Clinic nurses will document in the EMR under 'Social History' that patient has been assessed, counseled, and educated regarding smoking cessation. Patients identified as smokers will be referred to the Smoking Cessation program and this intervention will also be documented in the EMR.
 - ii. Surgical providers will document in their History and Physical assessments, under 'Social History' that they have assessed patients regarding smoking cessation. They will write an order for Smoking Cessation counseling and referral to the SC program.
- c. At VCMC, pre-op nurses will assess, counsel, and educate patients regarding smoking cessation. The nurses will refer patients who have not been referred to the Smoking Cessation program.
- d. The Respiratory Department at VCMC will be responsible for monitoring compliances with smoking cessation counseling and referral to the SC program.

C. Chlorhexidine

- a. The clinics will disperse chlorhexidine wipes (x3 packets) to all patients undergoing a surgical procedure. Patients will be instructed to bathe the night before the surgery and use the wipes as instructed.
- b. In pre-op, the patient will use the chlorhexidine wipes as instructed. Need to specify which patients. Currently only general, gyn and ortho patients are receiving wipes on day of surgery

D. Pre-op Education Booklet

- a. The surgical clinics will provide patients with a pre-op education booklet that outlines how to prepare for surgery, how to minimize infection, and rationale for smoking cessation.