SELECTION CRITERIA FOR AMBULATORY SURGERY CENTERS:
Ritchie Day Surgery Center (Adults)

RATIONALE FOR POLICY: TCAA prioritizes patient safety in any care setting. This document provides criteria that assist in the identification of patients who are or are not candidates for surgery in an ambulatory surgery center. It also identifies patients who require additional review by an anesthesiologist in order to determine the safest care setting for their procedure.

1. The following patients are NOT candidates for an anesthetic at the Ritchie DSC.
   - Patients without an H&P.
   - Patients without a designated driver and caretaker after the procedure.
     - The procedure will be cancelled if a driver and caretaker are not available.
   - Patients with a history of difficult airway management.
   - Patients with a known history of malignant hyperthermia or a family history of malignant hyperthermia.
   - Procedures with potential for more than nominal blood loss.
   - Morbidly obese patients with a BMI greater than 50.
     - Exception: Cataract patients done with topical anesthesia only AND permission from the anesthesiologist.
   - Patients with AICDs (does not include cataract patients).
   - Patients requiring intra-operative continuous insulin infusions (does not include subcutaneous pumps).
   - Severely agitated or those patients with that may require the attention of multiple staff members.
   - Patients on dialysis (EXCEPTION: cataract patients)
   - D&Es: if fetal death occurred at greater than 12 weeks and the pregnancy is greater than 14 weeks.
   - Patients who are actively using recreational drugs (i.e. methamphetamine, cocaine, crack. Does not include recreational or prescribed Cannabis). Active drug use is defined as any use within 24hrs of the anesthetic.

2. Patients who must first be reviewed and approved by an anesthesiologist prior to scheduling:
   - Ambulatory patients that may require regional block on supportive side or non-ambulatory adult patients that may require total body lifting by surgery center staff.
   - Patients with a history of MI or CVA within 6 months or history of unstable angina must be assessed for surgical appropriateness prior to surgery. NOTE: these patients also require the approval of their primary physician.
   - After review by an anesthesiologist, a discussion should be held with the surgeon for patients felt to be at elevated perioperative risk prior to the determination of ASC appropriateness.
   - An anesthesiologist must review the chart of any patient whose BMI is 45 to 50. The super morbidly obese patient (BMI of 45 to 50) should be off the table by 1300 in order to provide additional recovery observation time.
   - Emergency cases will be considered at the Ritchie Day Surgery Center after review and discussion with surgeon.

3. Additional cases approved for Ambulatory Surgery Centers: (Note: Patients MUST also meet all other criteria).
   - Patients with BMI up to and including 50 may be performed at outpatient centers if:
     - The center’s equipment is approved for the patient’s weight.
     - They meet all other selection criteria for outpatient centers.
     - They pass the routine OSA screening (STOP-BANG) and the required Anesthesiologist evaluation.
     - The facility has equipment to facilitate moving these patients.
• **Porta-Cath Insertion:** Patient must have a post-procedure CXR and careful d/c instructions.
  o **CXR per discretion of the surgeon. Anesthesiologist may obtain CXR if patient symptomatic.**

• **Laparoscopic Cholecystectomy:** Must be scheduled prior to 11AM. Facility must have approved plan in place for admission to hospital if needed.

• Patient who are latex allergic may be done at facilities that have a latex-safe environment.
  o Latex allergies include one or more of the following sx: anaphylaxis, mucosal swelling, generalized rash, shortness of breath.

• **Vein Stripping/Liposuction/Face-Lifts:** Facility must be familiar with symptoms and treatment of local anesthetic toxicity.

4. **Sleep Apnea:**

• A diagnosis of sleep apnea does **not** exclude a patient from having surgery at the DSC provided the patient meets all other listed inclusion criteria.

• Patients who have had a formal sleep study that showed an AHI < 15 or RDI < 20 are considered to have mild sleep apnea and may have their procedure in the ASC setting.

• Patients who may require longer observation because of their OSA status should be scheduled on a day when 23 hr. stay capability exists.

• OSA patients undergoing ENT procedures who are determined to be at elevated perioperative risk based on the anesthesia screening tool should be discussed with the ENT surgeon prior to determination of ASC appropriateness.
Outpatient Surgery Centers: OSA Screening Tool

Anesthesiologists:

- It is no longer a requirement that all patients with OSA be scheduled before noon.

- Please let facility staff know if a patient with OSA is approved for the outpatient setting BUT you feel the patient should be schedule before noon.

- Shoulder patients with a formal diagnosis of Sleep Apnea (via sleep study or documented diagnosis by their primary physician) are not candidates for OPSC. **Note:** This does NOT apply to VH.

- Shoulder patients who do NOT have a formal medical diagnosis but there exists an index of suspicion of Sleep Apnea via use of the STOP-BANG tool **MAY** be candidates for surgery at an OPSC but must be carefully reviewed and approved by an anesthesiologist.

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**Pre-op Phone Call**

1. Do You Snore?
2. BMI > 40?

- **NO** to BOTH
  - **No further actions needed regarding OSA. OK for OPSC**

- **YES, to either**
  - **Formal Sleep Study?**
    - **YES**
      - **Results:** Mild OSA (AHI <15 or RDI <20)
    - **NO**
      - **Results:** Mod to Severe

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**Complete STOP-BANG TOOL:**

1. **Snoring**- Do you snore loudly (louder than talking/loud enough to be heard through closed doors)? **Yes** **No**
2. **Tired**- Do you often feel tired, fatigued, or sleepy during daytime? **Yes** **No**
3. **Observed**- Has anyone observed you stop breathing during your sleep? **Yes** **No**
4. **High Blood Pressure**- Do you have or are you being treated for high blood pressure? **Yes** **No**
5. **BMI**- BMI more than 35 kg/m²? **Yes** **No**
6. **Age**- Age over 50 yr old? **Yes** **No**
7. **Neck Circumference**- Neck circumference greater than 40 cm? (Shirt size >16 inches?) **Yes** **No**
8. **Gender**- Gender male? **Yes** **No**

**Patient answers**

- **YES** to **3 or more questions**
  - **OR**
    - **BMI** greater than 40
  - **To Anesthesiologist for review**

- **YES** to **less than 3 questions**
  - **AND**
    - **BMI** less than or equal to 40
  - **OK for OPSC**
SLEEP APNEA SCORING SYSTEMS

(NOTE: THESE TOOLS ARE FOR REFERENCE PURPOSES ONLY. THEY NEED NOT BE COMPLETED BY THE PHYSICIAN)

STOP- Bang Scoring Model:

1. Snoring- Do you snore loudly (louder than talking/loud enough to be heard through closed doors)? Yes No
2. Tired- Do you often feel tired, fatigued, or sleepy during daytime? Yes No
3. Observed- Has anyone observed you stop breathing during your sleep? Yes No
4. High Blood Pressure- Do you have or are you being treated for high blood pressure? Yes No
5. BMI- BMI more than 35 kg/m²? Yes No
6. Age- Age over 50 yr old? Yes No
7. Neck Circumference- Neck circumference greater than 40 cm? (Shirt size >16 inches?) Yes No
8. Gender- Gender male? Yes No

Interpretation: High risk of OSA: answering yes to 3 or more items
Low risk of OSA: answering yes to less than 3 items

OSA Perioperative Risk Scoring System:

A. Severity of sleep apnea based on sleep study (or clinical indicators if sleep study not available).

Severity of OSA:

None 0
Mild 1
Moderate 2
Severe 3

Point Score _____ (0-3)

B. Invasiveness of surgery and anesthesia. (Pick One)

Superficial surgery under local or PNB anesthesia without sedation. 0
Superficial surgery with moderate sedation or general anesthesia. 1
Peripheral surgery with SAB or epidural (with no more than mod. sedation). 1
Peripheral surgery with general anesthesia. 2
Airway surgery with moderate sedation. 2
Major surgery, general anesthesia. 3
Airway surgery, general anesthesia. 3

Point Score _____ (0-3)

C. Requirement for postoperative opioids.

None 0
Low-dose oral opioids 1
High-dose oral opioids, parenteral or neuraxial opioids 3

Point Score _____ (0-3)

D. Estimation of perioperative risk.

1. Score for A____________ plus the greater score of either B or C____________ = ______________ (overall score)
2. Subtract 1 point if patient will be consistently using CPAP post-operatively. ___________
3. Add 1 point if patient with mild/mod OSA also has a resting PaCO2 > 50mmHg. ___________

FINAL SCORE: ___________.

Score of 4: may be at increased perioperative risk from OSA
Score of 5 or >: may be at significantly increased perioperative risk from OSA.

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