SELECTION CRITERIA FOR AMBULATORY SURGERY CENTERS: (ADULTS) LANDMARK, & VADNAIS HEIGHTS SURGERY CENTERS

RATIONAL FOR POLICY: TCAA prioritizes patient safety in all care settings. 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 an Ambulatory Surgery Center:
   - 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 45.
   - 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 that may require the attention of multiple staff members.
   - Patients on dialysis.
   - 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.
   - Anesthesiologist must review chart if patient BMI is 40 to 45. [Patients with BMI>45 are not candidates for surgery at the above centers.] Exception: Cataract patients done with topical anesthesia only AND permission from the anesthesiologist.
   - Emergency cases are permitted at the Vadnais Heights Surgery Center.
3. Additional cases approved for Ambulatory Surgery Centers: (Note: Patients MUST also meet all other criteria).

- Patients with BMI up to and including 45 may be performed at outpatient centers if:
  - They are able to transfer themselves to and from the table/cart.
  - 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.

- **Spinal Laminectomies are permitted at Landmark and the Vadnais Heights surgery centers.**

- **Spinal Fusions:** Vadnais Heights Surgery Center

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

4. Sleep Apnea:

- A diagnosis of sleep apnea does not exclude a patient from having surgery at the LM or VH 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 exist at the facility.
Outpatient Surgery Centers: OSA Screening Tool

Pre-op Phone Call

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

NO to BOTH

NO

Formal Sleep Study?

YES

No further actions needed regarding OSA. OK for OPSC

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

Patient answers YES to less than 3 questions AND BMI less than or equal to 40

OK for OPSC

Results: Mod to Severe

Results: Mild OSA (AHI <15 or RDI <20)
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  
   - Mild  
   - Moderate  
   - Severe  
   **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.