SELECTION CRITERIA FOR AMBULATORY SURGERY CENTERS:
MAPLEWOOD SURGERY CENTER - ADULTS

RATIONALE 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 Maplewood 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.
   - Patients with BMI greater than 50.
   - Patients > 300 lbs who are unable to independently transfer before, during and after the procedure.
   - 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.
   - 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 24 hours of the anesthetic.
   - Emergency cases cannot be performed at the Maplewood Surgery Center.

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.
3. Additional cases **approved** for Ambulatory Surgery Centers: (Note: Patients MUST also meet all other criteria).

- **Porta-Cath Insertion:** Post-procedure CXR at the direction of the surgeon.
- **Spinal Fusions:** Limited to single-level fusions with the anticipation of nominal blood loss.
- **Laparoscopic Cholecystectomy:** Must be scheduled prior to 1400. Facility must have approved plan in place for admission to hospital if needed.
- Patient who is **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.
- **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 MSC 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 within the MSC.
- 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

**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

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**Patient answers**

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

**OK for OPSC**

**Patient answers**

YES to 3 or more questions  
OR  
BMI greater than 40

**To Anesthesiologist for review**

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**Anesthesiologists:**

- Shoulder patients with a formal diagnosis of Sleep Apnea (via sleep study or documented diagnosis by their primary physician) are **not** candidates for ASCs unless they have 23hr stay capabilities.

- A diagnosis of sleep apnea does **not** exclude a patient from having surgery at the ASC. ASCs with 23hr stay capability may schedule patients with moderate to severe OSA provided they meet all other listed inclusion criteria.

- Patients who may require longer observation because of their OSA status should be scheduled before noon or on a day when 23 hr stay capability is available at the ASC. The anesthesiologist’s clinical judgment will determine if a patient with moderate to severe OSA is appropriate for a facility without 23 hr. stay capability.

- 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.

- OSA patients undergoing ENT procedures who are determined to be at elevated perioperative risk based on the anesthesia
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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