

## ST. JOSEPH'S OUTPATIENT SURGERY CENTER

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**Policy Number: TX0001001**

**Policy: Admission Criteria for Patients**

**Standard/Recommendation: JCAHO TX.1**

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### **POLICY:**

All patients are to be classified according to their physical status as recommended by the American Society of Anesthesiology. Listed below are the physical status classifications.

Physical (P) status classification of the American Society of Anesthesiologists

<u>Status</u>	<u>Definition</u>
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ASA 1	A normal healthy patient.
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ASA 2	A patient with a mild systemic disease.
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ASA 3	A patient with a severe disease that limits activity but is not incapacitating.
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Only patients who are classified as I, II or III are candidates for outpatient surgery. If a case is posted as straight local or local with sedation and an anesthesiologist is not on duty at the center, the attending surgeon must be available until the patient is discharged.

**The following patients who meet or exceed the described criteria are NOT candidates for surgery at St. Joseph's Outpatient Surgery Center.**

1. Patients who require intracranial or cardiac intervention.
2. Patients with Automated Internal Cardiac Defibrillators (AICD's).
3. Patients with history (or family history) of malignant hyperthermia unless results of a negative MH diagnostic test are available.
4. Patients with known diagnosis of hemophilia.
4. Patients with morbid obesity (see guidelines below for obese patients).
5. Patients with a Body Mass Index (BMI) of 48 or greater.
6. Patients with a BMI of 40 or greater with multiple coexisting cardiac or pulmonary problems that are poorly controlled and scheduled for general anesthesia (i.e. hypertension, angina, asthma, smoking, sleep apnea, etc).
7. Patients with **Physician diagnosed** sleep apnea may have surgery under general anesthesia if admitted to the Recovery Care Center postoperatively for observation. (Patients on home CPAP are instructed to bring their devices to the Center for use during their stay in the Recovery Care Center.)
8. Patients requiring invasive lines.
9. Patients requiring new tracheostomy or who are ventilator dependent.
10. Patients that are known to require transfer to a hospital facility or will be required to stay in the facility longer than 23 hours. (Recovery Care Center admissions 24 –72 hours.)

**Patient's included above ( #6, or #7) will be considered for Outpatient Surgery (same day surgery) with discharge following their procedure if minimal sedation is given by the anesthesiologist only for the duration of the local or regional anesthetic needed to perform the procedure. (ie. :Sedation for Eye Block or Digital Block)**

Patients receiving potassium-depleting medications will be required to have a serum potassium test within a two-week period prior to surgery. If the test result is abnormal, the condition should be corrected and a repeat test performed prior to surgery. On local cases, a K+ will be done at the discretion of the surgeon.

If exceptions to this policy are appropriately based on the patient's history, the physician who gives the medical clearance must dictate the reasons for deviation from policy.

Chest x-ray, EKG, and lab studies should be ordered by the attending surgeon as directed by the patient's medical status prior to surgery.

Patients with known MRSA will be required to take a Hibiclens/Chlorohexadine shower both the night before and the morning of their surgical procedure.

**Please refer to the Anesthesia Pre-Surgical Patient Guidelines for specific requirements for ordering lab work, care of diabetic patients, NPO guidelines and Alerts.**

### **Pediatric Patients**

All pediatric patients (age 14 and under) must meet the same criteria as adults. In addition to the above criteria the following pediatric patients are not appropriate for surgery at the facility:

1. Infants with a weight of less than eight (8) pounds.
2. Premature infants under 60 weeks post-conceptual age or 3 months for term infants. (These guidelines are per the Guidelines from current Issues in Pediatric Anesthesia Volume 10, No. 4, October 1998.)
3. Pediatric patients with multiple congenital anomalies; i.e. respiratory, cardiac and airway abnormalities.

**Anesthesia cannot be administered until the attending surgeon is in the building.**

The Anesthesiologist performing the last case of the day at the facility will be delegated to stay with his/her patient and any other patient who may be in PACU at the time, until all patients have achieved recovery from anesthesia.