

			ANE 013
			MHS
Title: Adult Pre-anesthetic Medical Evaluation (PAME) Policy			
Formulated Date: 08/17//2022	Last Reviewed Date:	Last Revision Date: 12/19/2023	Effective Date: 12/19/2023
Department Generating Policy: Anesthesia			Page 1 of 3

**SCOPE:**

Pre-anesthetic medical evaluation (PAME) guidelines apply to all patients undergoing sedation or any type of anesthesia for a procedure.

**PURPOSE:**

To assure patients are prepared for procedures completed under sedation or any type of anesthesia. It is important to recognize that the guidelines set forth herein are presented only as recommendations rather than as rigid rules. They are intended as general guidelines which can be modified in accordance with the physician’s professional judgement and may be adapted to many different situations, taking into consideration the need of individual patients. Variations and innovations to the guidelines that demonstrate improvement in the quality of patient care are encouraged.

**POLICY:**

1. An anesthesia provider shall be responsible for determining the medical status of the patient, developing a plan of anesthesia care and acquainting the patient or the responsible adult with the proposed plan.
2. **The development of an appropriate plan of anesthesia care is based upon:**
  - A. Reviewing the medical record.
  - B. Interviewing and examining the patient to:
    - 1) Discuss the medical history, previous anesthetic experiences and drug therapy.
  - C. Assess those aspects of the physical condition that might affect decisions regarding preoperative risk and management.
    - 2) Obtaining and /or reviewing tests and consultations necessary for appropriate anesthesia care.
    - 3) Determining the appropriate prescription of preoperative medications as necessary to the conduct of anesthesia.
3. The responsible anesthesia provider shall verify that the above has been properly performed and documented in the patient’s electronic medical record.

- a. For patients being prepared by Pre-Surgery Assessment (PAT), a PAT Registered Nurse (RN) will complete Policy #2B and #2C-2 by applying *Anesthesia Protocol Testing*.

**GUIDELINES:**

**1. Adult PAME**

**A. Who should undergo preoperative evaluation?**

- 1) Patients who are healthy, on minimal medications, with minimal medical problems, or undergoing a low-risk procedure can have this occur on the day of planned procedure, immediately prior to the procedure by anesthesia provider responsible for the patient.
- 2) All other patients that meet the criteria below need evaluation before the day of the procedure.
  - a) Elective Surgery scheduled in the procedural area
  - b) Surgery scheduled at least 36 hours prior to surgery time

**B. What does this PAT evaluation include?**

- 1) Obtain height(cm), weight(kg), Body Mass Index (BMI)
- 2) Review of systems
- 3) Annotate active problem list as indicated by *Anesthesia Protocol Testing*
- 4) Review of medications and allergies
- 5) Obtain any needed laboratory or cardiac testing per *Anesthesia Protocol Testing*
- 6) Coordinate any additional specialty consultation(if needed) for medical clearance

**C. Where does this evaluation occur? This can happen through various pathways**

- 1) The evaluation may be done as part of the work-up by the primary care provider
- 2) The evaluation may be done in preparation for planned procedure as a:
  - a) Pre-Surgery Assessment Phone Call
  - b) Pre-surgical Medical Exam in General Internal Medicine (GIM)
  - c) Specialty Clinic Evaluation

**D. How do you know which clinic location is appropriate?**

- 1) If uncertain about appropriate location for evaluation, contact the Pre-Surgery Assessment department for recommendation. When the patient is scheduled in the procedural area and meets the criteria defined in Guideline #1A-2, a triage system is triggered in which the PAT RN staff will review the order and patient's record to determine if:
  - a) The patient can go directly to the the procedural area without any further evaluation
  - b) The patient needs a Pre-Surgery Assessment phone call

- c) The patient needs a pre-surgical medical evaluation
- d) The patient needs a specialty clinic appointment (e.g. cardiology)
- 2) The PAT RN will coordinate with the Anesthesia Team to determine if additional testing/recommendations need to be communicated to the surgeon, and notify as appropriate.
- 3) If the patient does not get a Pre-Surgery Assessment phone call, there will be communication back to the surgeon's office explaining why a Pre-Surgery assessment was not completed and a clinical note will be entered into EMR.

**E. When should a preoperative evaluation occur?**

- 1) Preoperative evaluation appointments should be scheduled at least 3-30 Clinic days prior to surgery to allow sufficient time for necessary testing, consultation and follow-up visits.
- 2) The latest possible date for preoperative evaluation appointments should be 3 clinical days prior to surgery.
  - a) Example:

<b>Possible Preoperative Appointment</b>	<b>Day of Surgery</b>
Friday	Wednesday
Thursday	Tuesday
Wednesday	Monday
Tuesday	Friday
Monday	Thursday

**ADDENDUMS:**

- **ADDNEDUM A:** Anesthesia Protocol Testing

**REFERENCES:**

- [ACC/AHA guideline summary: Cardiac risk stratification for noncardiac surgical procedures](#)

- Mayo Clinic Care Network: Mayo Clinic Preoperative Testing for Labs and Diagnostic Tests

The guidelines, procedures or policies here do not represent the only medically or legally acceptable approach, but rather are presented as the accepted daily practice. Rare deviations under appropriate circumstances may not represent a breach of medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or bioethical circumstances may provide sound reasons for alternative approaches, even though they are not described in this policy. These guidelines, procedures or policies do not take the place of medical judgment in the care of the patient.

**Methodist Hospitals of Dallas d/b/a Methodist Health System's (MHS') Wholly Owned Hospitals each adopt this document.**

<p>The office responsible for this policy/guideline is Nursing Administration. Questions about this Memorandum or suggestions for improvement should be directed to the Vice President of Nursing</p>
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ADDENDUM A: Anesthesia Protocol Testing

**ANESTHESIA PROTOCOL TESTING**

**Clinically Indicated Labs**  
(Clinically relevant < 4 months old)

- H&H** <sup>SS</sup>
  - Recommended: All MODERATE & HIGH RISK Surgery
  - Pts for surgery if Hx of anemia (HCT<39 [Hb<13] men & HCT<36 female [Hb<12])
  - Strongly consider for all Renal Pts having MODERATE & HIGH RISK Surgery
- CBC** <sup>SS</sup>
  - WBC &/or PLT is Desired in addition to H&H
  - PLT count if Hx of thrombocytopenia, liver disease, blood cancer
  - PLT count if neuraxial (epidural or spinal) anesthesia is planned
  - PLT count if spine surgery
- Potassium** <sup>SS</sup>
  - More cost effective K+ test prior to surgery for Hemodialysis patients
- Sodium** <sup>SS</sup>
- CR** <sup>SS</sup>
  - Measure Creatinine >65 y/o for MODERATE & HIGH RISK Surgery
  - Intra-op hypotension is anticipated
  - Nephrotoxic medication is possible
  - Intravenous contrast dye is planned
- BMP** <sup>SSSSS</sup>
  - Current use of a diuretic, ACE (-) or ARB, Known chronic kidney disease
- Hepatic Function Panel** <sup>SSSS</sup>
  - LFTs (Hx of Cirrhosis or suspected acute liver disease)
- CMP** <sup>SSSSSS</sup>
  - If Liver Function Tests, Magnesium, Calcium are all desired
- PT/PTT** <sup>SSS</sup>
  - PT / PTT order only if bleeding disorder is suspected based on Hx (liver disease), Physical Exam, and family Hx (even for neurosurgery)
  - Patient has not been able to stop anticoagulant medications prior to surgery (Not needed for Aspirin)
- UA / REFLEX CULTURE** <sup>SS</sup>
  - Reasonable Order for prosthetic Surgery
  - (Conflicting evidence if cost effective in non-prosthetic surgery)
- Type & Screen** <sup>SSSS</sup>
  - Head, Spine, Hysterectomy, Total Joints, Anemia Hx, and HIGH RISK Surgery
- Prepare Leukoreduced RBCs**
  - (free, only charged if patient is transfused, order includes one cross-matched unit)
  - Significant blood loss possible or HIGH RISK Surgery
  - Must be in 72hrs prior to procedure if Transfused or pregnant in last 3 months
  - Otherwise can be up to 14 days prior to procedure
- Preprocedure COVID-19 Clearance** <sup>SS</sup>

**Clinically Indicated Labs (cont.)**  
(Clinically relevant < 4 months old)

- ABO/Rh** <sup>SS</sup>
- Urine Pregnancy** <sup>S</sup>
  - (Suggested in all reproductive age women)
- hCG Serum Pregnancy** <sup>SSSS</sup>
  - (Urine Pregnancy Testing Cheap & Rapid Results)
- Carbamazepine Level** <sup>SSSS</sup>
- Valproic Acid Level** <sup>SS</sup>
- TSH** <sup>SSSSS</sup>
- Free T4** <sup>SS</sup>

**EKG**

(Clinically relevant < 6 months old)

- EKG for every patient age ≥80 y/o (regardless of risk level)
- EKG for patient age <80 y/o:
  - Not Recommended: Asymptomatic pts for LOW RISK Surgery
  - Recommended: pts with known CAD, CHF, CVA, PVD, arrhythmia, structural heart disease for MODERATE RISK Surgery
  - Recommended: Asymptomatic pts for HIGH RISK Surgery
  - Recommended: UNCONTROLLED HTN SBP >180 mmHg /OR DBP>110 mmHg
  - Recommended: Morbidly obese pts (BMI>40) with one risk (HTN, HLD, DM, SMOKER,METS>4) for MODERATE & HIGH RISK Surgery

**X-ray Chest 2 view**

(Clinically relevant < 6 months old)

- Recommended: Morbidly obese pts (BMI>40) with one risk (HTN, HLD, DM, SMOKER,METS>4) FOR MODERATE & HIGH RISK Surgery (looking for undiagnosed CHF, P-HTN, Cardiac Chamber enlargement)

pts with UNCONTROLLED cardiopulmonary disease  
pts >50 y/o for Abdominal Aortic Aneurysm Surgery  
pts >50 y/o for Upper Abdominal & Thoracic Surgery

- X-ray Spine Cervical 2 or 3 View**

Patient Name _____	
Pt DOB _____	MHD# _____
Physician Signature _____	
MD Printed Name _____	Date & Time _____