



# Munson Pre-Operative Assessment Clinic (POAC)

**WHAT WE NEED FROM YOU!**



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**1. PATIENTS GOING TO THE POAC FOR SURGICAL CLEARANCE NEED A BOARDING SLIP/ORDERS PROVIDED AT TIME OF POAC APPT SCHEDULING.**

**2. SCHEDULE POAC APPTS AS SOON AS SURGERY IS SCHEDULED <30 DAYS.**

- ▶ GOAL IS TO SCHEDULE POAC APPT OUT AS FAR AS POSSIBLE TO ENSURE ALL ASSOCIATED TESTING AND RESULTS ARE BACK IN TIME TO CLEAR THE PATIENT. IDEAL IS 3 WEEKS PRIOR TO SURGERY.

**3. TIMELY RETRIEVAL & RESPONSES REGARDING NEEDED DOCUMENTS:**

- ▶ Surgical Plan
- ▶ H&P
- ▶ Labs/testing
- ▶ Boarding slips with signature/date/time, no abbreviations, etc.
- ▶ Surgical Consents
- ▶ The sooner we get this info, the better. The day prior causes a lot of issues.

**4. BOARDING SLIPS:**

- ▶ ARTC AND POAC NEED THE BOARDING SLIP ASAP. AHA'S CANNOT BE DONE UNLESS WE HAVE ONE. WE CAN TAKE IT EVEN IF NO PRE-AUTH IS DONE.
- ▶ IF SENDING A REVISED SLIP PLEASE INDICATE ORIGINAL SURGERY DATE AND NEW SURGICAL DATE IF APPLICABLE.
- ▶ MULTIPLE ADJUSTMENTS CAN BE CONFUSING FOR OR SCHEDULERS AND CHART PREP, JUST REWRITE THE BOARDING SLIP WITH PREVIOUS DATE AND NEW DATE.
- ▶ TYPED BOARDING SLIPS ARE PREFERRED
- ▶ IMPERATIVE TO DESIGNATE WHO WILL BE DOING THE PRE-OPERATIVE CLEARANCE. PLEASE WRITE THE PROVIDERS NAME (NOT JUST PCP). THIS SAVES CHART PREP A TON OF TIME DIGGING INTO THE CHART TRYING TO FIGURE OUT WHO THE PATIENTS PCP IS.

**1. For POAC patients:**

- ▶ If you want specific testing done, (example: urine cultures), it needs to be on the orders/boarding slip. If you leave this section blank, they will order POAC & Anesthesia required testing ONLY.



**MUNSON HEALTHCARE**

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SS # (LAST 4 DIGITS) CONFIRMATION NUMBER PROC. LOCATION (Department) BED NEEDED? ☐ Y ☐ N  
☐ Surgery ☐ MPR ☐ RAD ☐ CCL  
 \*This is not an admission status order

LEGAL NAME - LAST FIRST MIDDLE INITIAL BIRTH DATE SEX ☐ M ☐ F

SURGEON PROCEDURE(S)

ASST.

DIAGNOSIS CPT CODE(S)

EST DUR ANESTHETIC PREFERENCE: ☐ CHOICE ☐ REGIONAL ☐ GENERAL ☐ MAC ☐ LOCAL ☐ Anesth. Block for Post-Op Pain Control ☐ SPINAL IMPLANTS/EQUIPMENT NEEDED/COMMENTS ☐ C-Arm ☐ Cell Saver ☐ None ☐ Plain Film ☐ Fluorosc. ☐ Power injector

INSURANCE NAME / # AUTH # VENDOR ☐ Y ☐ N ☐ LOANER WHO:

ICD 10 CODE(S) DATE FORM FILL OUT / NAME INITIAL REQ. SURG. OR / PROC. DATE / TIME

ADDRESS REFERRING PHYSICIAN ADMIT DATE

CITY STATE ZIP FAMILY PHYSICIAN Isolation Precautions Needed: ☐ MRSA ☐ VRE ☐ Other

HOME PHONE WORK PHONE

CELL PHONE ALLERGIES: ☐ LATEX ☐ METAL ☐ NO KNOWN ALLERGIES

#1. PRE-OP ASSESSMENT BY POAC: ☐ YES ☐ NO, PERFORMED BY: ☐ YES, COMPLETE STEP 2 ☐ NO, COMPLETE STEP 2 #2. IS MSRI GREATER THAN OR EQUAL TO 3? ☐ YES, COMPLETE STEP #3 ☐ NO #3. INPATIENT MEDICAL MANAGEMENT BY:

**PRE-ADMISSION TESTING FAX RESULTS TO 231-935-3202 IF NOT IN POWERCHART**

• PER PRESURGICAL TESTING PROTOCOL ☐ CBC & PLATELET ☐ CBC w/ Diff & PLATELET ☐ HGB / HCT (H & H) ☐ BASIC METABOLIC PANEL (BMP) ☐ COMP. METABOLIC PANEL (CMP) ☐ BUN ☐ CREATININE w/ GFR ☐ ELECTROLYTES ☐ SODIUM (NA) ☐ POTASSIUM (K) ☐ GLUCOSE, RANDOM ☐ HEMOGLOBIN A1C ☐ HEPATIC/LIVER FUNCTION PANEL ☐ ALK PHOS ☐ AST ☐ ALT ☐ CALCIUM ☐ MAGNESIUM ☐ PT ☐ PTT ☐ GTABS ☐ GTABS for T&C \_\_\_\_\_ UNITS ☐ URINALYSIS (UAM) ☐ URINE CULTURE (URC) ☐ URINALYSIS WITH CULTURE IF INDICATED (UIF) ☐ CULTURE, STAPH AUREUS, NASAL (CSA) ☐ CHEST X-RAY PA DX ☐ CHEST X-RAY MV DX ☐ EKG CARDIAC DX ☐ INSTRUCT INCENTIVE SPIROMETRY

**SURGERY / PROCEDURE VALIDATION:** ☐ Schedule ☐ Consent if present ☐ Physician Order ☐ H&P Course of Action

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

☐ PHONE VISIT ☐ PATIENT TO SCHEDULE DATE/TIME

**REQUEST OLD CHART PRE-PROCEDURE ORDERS**

☐ Compression Stockings ☐ TEDS - knee ☐ ENEMA ☐ PRE-OP FOLEY ☐ VOID ON CALL ☐ DIET ☐ NPO

**SURGICAL PRE-OPERATIVE ORDERS**  
A, B, or C below MUST be checked or orders will be rejected by schedulers:  
☐ A. No antibiotics required  
☐ B. Patient to receive preop antibiotic per Surgical Antibiotic Prophylaxis Protocol (6702)  
☐ C. Use alternate antibiotic (specify):  
☐ Physician aware of penicillin allergy but not considered significant - give the preferred antibiotic per Surgical Antibiotic Prophylaxis Protocol (6702)  
☐ Subacute Bacterial Endocarditis (SBE) Prophylaxis per Surgical Antibiotic Prophylaxis Protocol (6702)  
 Pre-op Pain Optimization Protocol (PPOP): PolicyStat 7093732  
☐ Adult Pre-op Pain Protocol  
☐ Pre-op Bariatric Pain Protocol  
☐ Pre-op Total Joint Pain Protocol

PRE-OP ANTICOAGULANTS ☐ HEPARIN SUBCUT \_\_\_\_\_ UNITS SURGICAL HAIR REMOVAL PREP / SPECIAL AREA

• INITIATE DEPARTMENT SPECIFIC PROCEDURE PROTOCOLS

PRE-OP ORDERS / MEDICATIONS

H&P DICTATED DATE \_\_\_\_\_ LINE NUMBER \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE / TIME \_\_\_\_\_

PHYSICIAN'S PRINTED NAME \_\_\_\_\_

PRE-OP NURSE \_\_\_\_\_ DATE / TIME \_\_\_\_\_

PATIENT ID LABEL HERE

**MHC SCHEDULING/ORDER INFORMATION**

## ARTC and POAC need the boarding slip ASAP!!!

- Boarding slip requirements indicate 'show stoppers' A-F
- Electronic boarding slips need to encompass the same elements as MHC
- Other elements are vital for orders and testing:
  - Who is doing the clearance: POAC/PCP
  - Per presurgical testing protocol
    - Pre-procedure orders-clipping, enema, etc.
    - \*Initiate department specific procedure protocols
    - Pre-op nurse signature, date & time
  - Anesthetic Preference: Anesthesia Block for post-op pain control

# Pre-authorizations Cut Off and Schedule Closure

- ▶ The next day Surgery Schedule closes at 1000. Cases added after 1000 or moved will be considered add-ons.
- ▶ Line ups per Surgeon are sent out two days in advance with a final line up sent out the day before between 1000 and 1300.
- ▶ Case order will only be changed for strong clinical need.
- ▶ Case with pending auth by 1300 the day before will be moved to the end of the day, placed in "Pending" or will be rescheduled.



# MMC Scheduling Office

- ▶ Case line ups are sent to the offices 48 hours and 24 hours in advance. Please make sure these make it to your surgeons. Changes to the schedule the afternoon before surgery cause a lot of rework and frustration for many teams including surgeons
- ▶ Offices are responsible for notifying vendors of needed implants/equipment.
- ▶ Add Ons- Call ahead to see if there is room. Add ons will be done in the order they are received with consideration for case classification (Emergent, Urgent, etc.)
- ▶ No Confirmation Number = No case scheduled.
- ▶ If you have not received confirmation, please call before resending boarding slip.
- ▶ OR Scheduling team has up to 48 hours to board cases, but most are boarded same day. They process slips soonest cases first.
- ▶ Please call to let schedulers know about changes to next day before sending change slip (does not include line up changes)
- ▶ Authorizations do not need to be completed before boarding slip is sent, just started. The sooner the slip is sent the sooner it can be boarded. This is really important for patients who will utilize the POAC.
- ▶ Offices are responsible for notifying/communicating Surgeon needs to vendors.



# Pre- Anesthesia Testing

## Protocol Presurgical Testing

The following charts list the minimal, required testing based on anesthesia type, medical conditions, and current medications. Other testing may be ordered at the surgeon's or evaluating provider's discretion based on clinical indications. If the Preadmission Planner RN has any questions about the need for testing and/or POAC referral, the case is to be reviewed with a POAC provider (if POAC patient). If patient is not being seen by POAC, Preadmission Planner to review the case with surgeon.

### Testing Based on Anesthesia Type

- A. **Local Anesthesia:** No testing required
- B. **Monitored Anesthesia Care (MAC):** Pregnancy testing only for- MAC eye cases 30 minutes or less, MAC hand cases 30 minutes or less, MAC colonoscopies and Esophagogastroduodenoscopies (EGD) in the Medical Procedure Room
- C. **Medical Procedure Room cases:** Bronchoscopy with endobronchial ultrasound (EBUS), Bronchoscopy with thermo-ablation & Endoscopic retrograde cholangiopancreatographies (ERCP), follow guidelines for general anesthesia

**General Anesthesia:** For all patients requiring general anesthesia --

TEST	PATIENT HISTORY	TIME FRAME
<b>Hgb/Hct</b>	All patients 45 years old and older and patients under 45 years having major vascular, intra-abdominal, thoracic, neurological, or orthopedic surgery, or if an expectation of significant blood loss.	If results are normal, results are <b>good for 90 days</b> before surgery provided there are no new active medical symptoms, no new medications added, and co-morbidities remain stable. If any changes, repeat the labs within 30 days of surgery.
<b>Serum K+</b>	Patients taking diuretics or Digoxin (Lanoxin)	Normal lab result * within last 30 days; repeat day of surgery if abnormal
<b>CBC, K+</b>	All patients undergoing dialysis	Following the most recent dialysis prior to surgery
<b>PT/INR</b>	Patients taking Warfarin (Coumadin) in the past 4 weeks	Normal lab INR* on record since last Coumadin dose taken, or repeat day of surgery
<b>GTABS</b>	Any major vascular, intra-abdominal, thoracic, neurological, or orthopedic surgery, or if hemoglobin is less than 8 All laparoscopic colectomies NO GTABS needed on micro discectomy, CEA cases, or total knees	Must be done at a MMC or Foster Family Community Health Center (FFCHC) lab. Good for only 3 days for in house patients or if transfusion or pregnancy within the past three months. Good for 30 days for patients coming from home on day of surgery.
<b>Urine Pregnancy Test</b>	All women between menarche and menopause (i.e., menstruating women) will have a urine pregnancy test (UPT) performed in PreOp on the morning of surgery. Inpatients will have a urine or serum pregnancy test prior to sending the patient to the pre-anesthesia area. Patients who have had tubal ligation still need to be tested; those with hysterectomies do not.	As soon as possible in the PreOp admission process. <ul style="list-style-type: none"> <li>If patient refuses, complete the informed refusal of pregnancy test (form #11085). Notify surgeon and anesthesiologist of patient refusal.</li> <li>If pregnancy test is positive, notify surgeon and anesthesia provider</li> </ul>
<b>EKG</b>	Any patient with a history of previous Myocardial Infarction (MI), angina, arrhythmia, renal failure, medication dependent diabetes or Cerebrovascular accident (CVA). Any patient 45 years or older with a history of hypertension or history of 1 pack per day smoker. All patients 45 years or older having major vascular, intra-abdominal, thoracic, neurological, or orthopedic surgery.	1 year if normal Electrocardiogram (EKG) and patient asymptomatic. Six months if abnormal EKG and patient stable. Repeat abnormal EKG if patient has had change in symptoms.
*Normal Lab value based on the normal range given at the facility that processed the test		

# Pre-Anesthesia Testing



**Testing Based on Medical Conditions/ Current Medications, for patients referred to the Pre-Operative Assessment Clinic (POAC)**

Patient History	Test	Time Frame
Patients with abnormal liver function test (diagnosis of liver disease, cirrhosis, liver cancer)	CMP	If results are normal, results are good for 90 days before surgery provided there are no new active medical symptoms, no new medications added, and co-morbidities remain stable. If any changes, repeat the labs within 30 days of surgery.
Diagnosis of diabetes hyperglycemia, abnormal blood glucose or hgbA1C, long term use of steroids	HgBA1C	If results are normal, results are good for 90 days before surgery provided there are no new active medical symptoms, no new diabetic medications added or dose changes to current diabetic medications, and co-morbidities remain stable. If any changes, repeat the labs within 30 days of surgery.
Patients taking thyroid medication, diagnosis of Hashimoto, Graves, Goiter	TFC (thyroid function cascade)	If results are normal, results are good for 90 days before surgery provided there are no new active medical symptoms, no new thyroid medications added or dose changes to current thyroid medications, and co-morbidities remain stable. If any changes, repeat the labs within 30 days of surgery.
Patients with known diagnosis of cirrhosis, hepatitis, ETOH, abnormal liver function testing, long term use of coagulants	PT/INR	If results are normal, results are good for 90 days before surgery provided there are no new active medical symptoms, no new medications added, and co-morbidities remain stable. If any changes, repeat the labs within 30 days of surgery.

\*Normal lab value based on the normal range given at the facility that processed the test.

# Additional Testing for POAC patients