

**Guideline for Pre-Procedure Medical Clearances Evaluations:** Results will determine if a pre-operative medical clearance is required prior to surgery:



**Step 1:** Medical/Health Conditions: **CHECK ANY THAT APPLY DOES (HAS) THIS PATIENT HAVE (HAD):**

<input type="checkbox"/> A current inability to walk 2 blocks without rest OR walk up 2 flights of stairs without rest <input type="checkbox"/> Angina	<input type="checkbox"/> Liver disease: either cirrhosis, hepatitis, jaundice
<input type="checkbox"/> Atrial fibrillation or Heart Arrhythmia <input type="checkbox"/> Stent (heart or peripheral artery) <b>in the past 12 months</b> <input type="checkbox"/> Cardiac valve replacement or issues with cardiac valve <input type="checkbox"/> Myocardial infarction (MI) <b>in the past 6 months</b>	<input type="checkbox"/> Stroke/ Transient ischemic attack (TIA) in the past 9 months <input type="checkbox"/> Coagulopathy/blood clotting disorder/bleeding problems <input type="checkbox"/> Anticoagulants/blood thinners ( <i>apixaban, Coumadin, dabigatran, etexilate, fondaparinux sodium, arixtra, heparin, lovenox, rivaroxaban</i> )

**IF NO BOXES CHECKED IN STEP 1, THEN CONTINUE TO STEP 2.**

**IF ONE OR MORE BOXES ARE MARKED ABOVE, verify with the patient if they have seen their PCP, Cardiologist, or other specialists in the past 6 months AND the medical conditions checked above have been addressed, AND there has been NO further change in patients' health:**

**IF the answer is YES:**

1. If seen in past 6 months, the Surgeon's office must indicate on Surgery Scheduling Request Form (SSR) that they requested those office notes from PCP, Cardiologist, or specialists.
2. Surgeon's office will fax the requested medical records to PAS directly (616-685-6610). Include cover fax indicating the patient name, date of birth, and date of procedure (the information from these notes is vital to determine whether patient will be cleared for surgery)

**IF the answer is NO:**

1. The Surgery Scheduling Request (SSR) must indicate patient requires medical clearance and document who patient plans to see.
2. The surgeon's office must notify the PCP or specialist's office that medical clearance is required (include surgery date and request to have appointment scheduled 14-30 days prior to date of surgery when possible).
3. Surgeon's office must notify the patient that the PCP/medical clearance must be completed 14-30 days prior to date of procedure.

**Step 2:** Additional medical/health conditions: **CHECK ANY THAT APPLY. DOES (HAS) THIS PATIENT HAVE (HAD):**

<input type="checkbox"/> Emphysema/ chronic cough <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> BMI above 40 <input type="checkbox"/> Malignancy/cancer: either receiving treatment OR not in remission <input type="checkbox"/> Immunosuppressive medications	<input type="checkbox"/> Oxygen use <input type="checkbox"/> OSA, suspect <input type="checkbox"/> Asthma <input type="checkbox"/> Pulmonary hypertension <input type="checkbox"/> Anemia <input type="checkbox"/> Pregnant	<input type="checkbox"/> Myasthenia gravis <input type="checkbox"/> Steroid use in past year (prednisone, cortisone, etc) <input type="checkbox"/> Seizures in past 9 months <input type="checkbox"/> Dementia <input type="checkbox"/> Anesthesia problems in the self/family (delirium, intubation, malignant hyperthermia)	<input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> Cardiac valve disease, rheumatic fever or heart murmur <input type="checkbox"/> Coronary artery disease/and or myocardial infarction <input type="checkbox"/> Pacemaker/defibrillator (AICD) <input type="checkbox"/> Heart failure/ Congestive heart failure/ cardiomyopathy <input type="checkbox"/> Hypertension, uncontrolled 180/110 mm HG or higher <input type="checkbox"/> Diabetes, Uncontrolled
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**IF NO BOXES ARE CHECKED, NO FURTHER STEPS REQUIRED.**

**IF ONE OR MORE BOXES ARE CHECKED IN STEP 2, THEN FOLLOW THE PROMPTS IN THE BOX BELOW:**

1. The patient may be best served by being evaluated for medical clearance by their PCP. This decision to refer will be based on the judgement of the Surgeon who is evaluating the **severity of the medical/health conditions** above AND using the Trinity Health Pre-Anesthesia Screening Guidelines.  
**IF YOU HAVE ANY QUESTIONS ABOUT THE PROCESS, please call PAS 616-685-6924 to discuss further. Rev 2.12.19**