
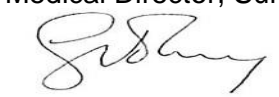




Surgical MEDICAL DIRECTIVE

ISSUE DATE: September 2008
REVISION DATE: January 2022
TITLE: **PRE-OPERATIVE MEDICATION INSTRUCTION GUIDELINES**
MD SP 02

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Document Owner: Chief of Anesthesia	Name: Dr. Jeffrey Sloan
Update Schedule: Annually, or sooner if required.	
Stakeholder Consultation and Review: Department of Anesthesia Operating Room Committee Surgical Program Council	Date: December 14, 2021 January 5, 2022 January 27, 2022
Administrative Director, Surgical Program 	Date: January 27, 2022
Medical Director, Surgical Program 	Date: January 5, 2022
Chief Nursing Executive 	Date: March 17, 2022
Approval: Dr. John Fenton Chair, Medical Advisory Committee 	Date: May 24, 2022

What

The following medication instruction guidelines (**Appendix A**) will be applied in the Pre-Admission Clinic and/or Surgical Day Care for all patients being prepared for surgery.

EXCEPTION: Cataract surgery, unless done under general anesthetic. Medication instructions to be provided by the surgeon.

Who

Registered Nurses (RNs) or Registered Practical Nurses (RPNs) working in the Pre-Admission Clinic and/or Surgical Day Care unit.

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Pre-Admission Clinic and/or Surgical Day Care

When

The patient has presented to Pre-Admission and/or Surgical Day Care and:

- The surgeon has selected "Anesthetic Protocol" in the Investigation section of the Request for Admission

Has had an anesthesia consultation and the anesthesiologist has ordered the Anesthetic Protocol

Contraindications and Risks

The surgeon has not selected "Anesthetic Protocol" and has specified the medication instructions that he/she wants followed.

Added Skills

All nurses receive orientation to the protocol upon hire. Any changes to the protocol are communicated at staff meetings and the entire protocol is reviewed annually.

Documentation

The Pre-Admission nurse will indicate any specific instructions that have been given on the Medication Record.

The Surgical Day Care nurse will indicate when the patient has taken the last dose of each medication in the appropriate column on the Medication Record.

Consultation and ReferencesPrimary Contact

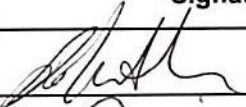
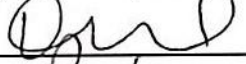
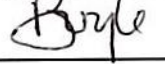
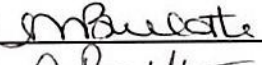
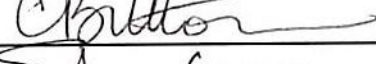




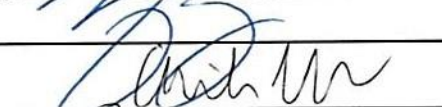

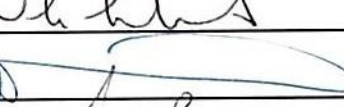

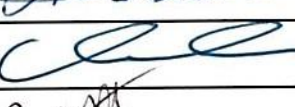

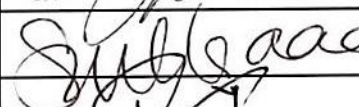
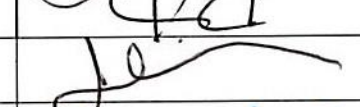

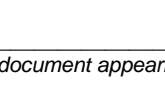

Dr. Jeffrey Sloan Chief of Anesthesia

References

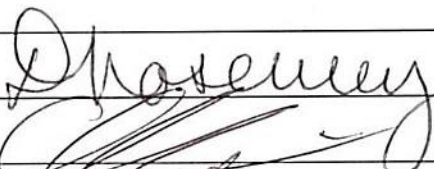




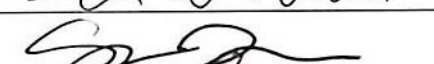



HSN Anesthesia Protocol

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PHYSICIAN APPROVALS

The following physicians have authorized patient care in accordance with this Medical Directive.

Physician Name	Signature	Date
Dr. Robert Anderson		Dec 15, 2021
Dr. Rya Boscarol		Dec. 21/21
Dr. David Boyle		Dec 20/21
Dr. Melanie Brulotte		Dec 15, 2021
Dr. Cheryl Button		Dec 16/2021
Dr. Sylvain Cote		2021 12 15
Dr. Jose De Wit		2022 02 08
Dr. Kate Duncan		April 20/22.
Dr. Kirk Duguay		Dec 15, 2021
Dr. Robert Dumais		Dec 15/2021
Dr. Natalie Dupuis		Dec 16, 2021
Dr. Anthony Hick		17 Nov 21
Dr. Brent Kennedy		Dec 15/21
Dr. Waide Lambert		Dec 15, 2021
Dr. Danielle Lapierre		Dec 20, 2021
Dr. Eugene Leshchyshyn		2021/12/21
Dr. Joanne Madden		Dec 16/21
Dr. Derek Manchuk		Jan 6/21.
Dr. Julien Marti		15.12.21
Dr. Sanjiv Mathur		Dec 15/21
Dr. Sarah McIsaac		Dec. 20/21
Dr. Kyle McKechnie		Jan 6 '22
Dr. John Mireau		Dec 20/21
Dr. Bhanu Nalla		Dec 20/21

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Dr. Diana Noseworthy		16 Dec. 2021
Dr. Carly Pulkkinen		Jan 4, 2022
Dr. Sumit Sharan		Dec 15/21
Dr. Jeff Sloan		16/Dec/2021
Dr. Jeremie Stewart		20/12/21
Dr. Liam Stobart		Dec. 15/2021
Dr. Suzanne Todd		Dec 15, 2021
Dr. Steven Tremblay		2021/12/16
Dr. Kim Wong		Dec 15/21

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APPENDIX APre-Operative Timing of Medication Administration

Patients are to take medication between 0600 and 0700 hours prior to coming to the hospital.

CLASS	MEDICATION	DIRECTIVES
Alpha Blockers	All (i.e. Doxazosin)	Take usual a.m. dose
Alzheimer Medications	All (i.e. Aricept)	Take usual a.m. dose
Analgesics	Short Acting	May take pre-op. No time restriction.
	Long Acting (i.e. Oxycontin)	Take usual a.m. dose
Antianginals, Antihypertensives	Ace Inhibitors (i.e. captopril, enalapril, ramipril)	HOLD a.m. dose day of surgery for all procedures
	Angiotensin II Receptor Blocker (ARB's) (i.e. losartan, valsartan, candesartan)	HOLD a.m. dose day of surgery for all procedures
	Beta Blockers (i.e. Metoprolol)	Take usual a.m. dose
	Calcium Channel Blockers (i.e. diltiazem, verapamil, nifedipine, amlodipine)	Take usual a.m. dose
	Digoxin	Take usual a.m. dose
	Nitrates (i.e. nitropatch, isosorbide dinitrate)	Take usual a.m. dose
Antiarrhythmics	All	Take usual a.m. dose
Antibiotics	All	Take usual a.m. dose If patient is symptomatic of infection, advise Anesthesia and/or MRP.
Anticoagulants, Platelet Inhibitors	Apixaban (Eliquis)	Apixaban stop three days pre-op (exclude day of OR). Do not stop for cardioversion. PTT/INR a.m. of OR.
	ASA	HOLD a.m. of OR. All open heart bypass, valve and vascular surgery patients to continue usual dose of 325 or 81 mg up to and including day before surgery.
	Clopidogrel (Plavix)	All open heart bypass and valve surgery, stop five days pre-op. For all other procedures, stop seven days pre-op unless otherwise ordered. Patients with cardiac stents <6 months <u>do not</u> stop Plavix for non open heart procedures. Patient should have anesthetist/cardiologist consult. Do not stop Plavix for patients undergoing carotid endarterectomy.
	Coumadin (Warfarin)	Coumadin generally stopped five days pre-op. Anesthesia consult to determine bridging. Repeat PTT/INR a.m. of OR. Do not stop for cardioversion.
	Dabigatran (Pradaxa)	Dabigatran stop five days pre-op (exclude day of OR). Do not stop for cardioversion. PTT/INR a.m. of OR. Patient should have anesthesia consult.
	Dipyridamole (Aggrenox, Persantine)	Hold 24 hours pre-op.
	Edoxaban (Savaysa)	Stop 72 hours pre-op unless otherwise ordered.

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CLASS	MEDICATION	DIRECTIVES
	Heparin	<ul style="list-style-type: none"> LMWH (Lovanox, Tinzaparin) hold for 24 hours. Unfractionated Heparin (regular S/C heparin) hold for it to be given in OR. If ordered pre-op, hold and flag for the anesthetist in the OR. Exception: neuro cases.
	Pentoxifylline (Trental)	None a.m. of OR.
	Prasugrel (Effient)	Stop seven to ten days pre-op. Patients with cardiac stents <u>do not</u> stop Effient for non open heart procedures. No pre-op PTT/INR required. Patient should have anesthesia consult.
	Rivaroxaban (Xarelto)	Rivaroxaban stop three days pre-op (exclude day of OR). Do not stop for cardioversion. PTT/INR a.m. of OR.
	Ticagrelor (Brilinta)	See Clopidogrel (Plavix) instructions.
	Ticlopidine (Ticlid)	Stop 10 days pre-op unless otherwise ordered.
	Others	Check with anesthetist
Anti-Depressants	All	None a.m. of OR.
Anti-Inflammatories	NSAIDS	None a.m. of surgery. Stop pre-op at surgeon's discretion.
Anti-Manic, Mood Stabilizer	Lithium carbonate	Take usual a.m. dose
Anti-Neoplastic	All (i.e. Tamoxifen, Letrozole)	Take usual a.m. dose.
Anti-Parkinsonian	All	Take usual a.m. dose
Anti-Psychotics	All (i.e. Olanzapine)	Take usual a.m. dose
Anti-Rejection for Organ Transplant Patients	All	Take usual a.m. dose
Anti-Seizure	All	Take usual a.m. dose
Anxiolytics	All	Take usual a.m. dose
Betahistine	All (i.e. Serc)	Take usual a.m. dose
Bronchodilators	All	Take usual a.m. dose of oral or inhalers
Cannabis and Nabilone	All	Continue usual regime perioperatively
CBD	ALL	Take usual a.m. dose
CNS Stimulants	All (i.e. Ritalin, Concerta, Vyvanse)	None a.m. of OR.
Diabetic Agents	Oral	None a.m. of OR.
	Oral SGLT2 inhibitor	Canagliflozin (Invokana), Dapagliflozin (Forxiga), Empagliflozin (Jardiance), Glyxambi (Empagliflozin and Linagliptin) Invokamet (Canagliflozin and Metformin) and Synjardy (Empagliflozin and Metformin). SAME DAY SURGERY PATIENTS – None a.m. of OR. PATIENTS TO BE ADMITTED POST-OP – none for 72 hours preoperatively (hold 2 days per op and day of OR)
	Insulin	<ul style="list-style-type: none"> No short acting or rapid insulin the morning of O.R Insulin pump continue basal infusion as usual and on arrival to hospital start IV D5W at 75cc/hr Patients on once daily insulin regime, give half of insulin dose (total units includes short acting plus intermediate or long acting units added together) Patients on twice daily or more regimes, give 1/3 of total insulin dose (total unites

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CLASS	MEDICATION	DIRECTIVES
		includes short acting plus intermediate or long acting units added together.
	Non insulin injectables (Trulicity, Victoza (Liraglutide))	None a.m. of OR.
Diuretics	All including combination meds	None a.m. of OR.
Drug Abuse Treatment	Methadone	Take usual a.m. dose
	Buprenorphine (Suboxone and Butrans)	Continue usual dose.
	Naltrexone containing medications (Revia, Antabuse, Contrive, Vivitrol)	Needs anesthesia consult.
Gastrointestinal	All (i.e. lansoprazol, omeprazole, famotidine, domperidone, metoclopramide)	Take usual a.m. dose
Anti-histamine	All (i.e. Benardyl, Reactine)	None a.m. of OR.
Hormone pills and creams	All	Take usual a.m. dose
Hypotensives	All (i.e. Midodrine)	Take usual a.m. dose
MAO Inhibitors	All	Take usual a.m. dose
Muscle Relaxants	All (i.e. baclofen, tizanidine)	Take usual a.m. dose
Narcolepsy	Modafinil	Take usual a.m. dose
Natural Products	All non-prescriptive herbal products and vitamins	Stop 72 hours pre-op
Oral Contraceptives	All	Take usual a.m. dose
Pulmonary Hypertension	Opsumit (Macitentan)	Take usual a.m. dose
Statins	Lipitor, Crestor, Mevacor	Take usual a.m. dose
Steroids	Prednisone	Take usual a.m. dose
Thyroid Hormone	All	Take usual a.m. dose