

evidence based guidelines

MEDICAL CARE PRIOR TO TOTAL JOINT SURGERY

Patient's name: _____ Date of birth: _____

Planned Procedure: _____

Surgeon(s): _____ Primary Care Physician: _____

Based on a review of the patient's reported medical history:

- This surgery is *delayed* pending medical optimization of the following modifiable risk factor(s):
 - A known diabetic with a need to have Hgb A1C <8.0 in the last 90 days
 - Address newly identified hyperglycemia with a recent fasting/random glucose reading of _____
 - Reduction of weight until BMI <40 kg/m²
 - Current smoker. Please confirm smoking cessation using a normal serum or urine cotinine test
 - Nephrology clearance due to eGFR<25 mL/min/1.73m²
 - Patient has had ACS in the last 6 months or a CVA in the last 9 months.
 - Cardiac clearance due to (circle one): unstable cardiac symptoms, stent placement < 12 months, congenital heart disease, moderate or severe valve disease, significant pulmonary hypertension, or presence of AICD/Pacemaker
 - Other _____

- A surgery date is *scheduled for* _____ at Holland Hospital. The following labs/tests have been ordered and the patient instructed to complete them *prior* to your appointment with them. If additional tests or treatments are desired, please notify patient directly
 - **CBC with differential**
 - **Comprehensive chemistry profile** (address signs of malnutrition if present)
 - **EKG within 12 months** of procedure *unless* new symptoms warrant additional evaluation
NOTE: No cardiac evaluation is needed if the patient is on preventive medication for known heart disease and is asymptomatic when climbing a flight of stairs or walking two blocks.
NOTE: If EKG suggests previously unrecognized heart disease please arrange for evaluation as appropriate and contact surgeon's office if date of surgery may be affected.

- Please complete a history and physical exam **14-30 days prior to planned procedure**. In this document please address the following:
 - Rule out uncontrolled depression using a standardized screening tool (e.g. PHQ-2 or PHQ-9)
 - Comment on general oral health: consider referral to a dentist if severe caries or gum disease
 - Document any known history of MRSA or other drug resistant infection
 - Document tobacco/marijuana use and efforts taken to assist with cessation
 - Document use of narcotics, excessive alcohol, or other illicit substances and efforts taken to minimize/eliminate use.
 - A management plan for anticoagulants peri-operatively (See 2017 Holland Hospital PHO practice guideline)
 - A management plan for corticosteroids, DMARDS, anti-TNF's or other immunosuppressive drugs
 - A statement that the patient is "medically optimized" for the planned procedure.

Please forward all test results to the surgeon's office a minimum of 5 business days prior to planned procedure.

APPROVED BY:

Quality & Care Management Committee,
Holland Physician Hospital Organization
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