



Pre-anesthesia physical



For questions, please ask the family to reach out to the provider who will be performing the procedure

Recent Illness:

Due to potential risk for adverse events under anesthesia or unplanned cancellation, the PCP or family should reach out to the proceduralist if the patient has any of the following:

Within 1 week prior to scheduled procedure:

- Acute ill symptoms that are not resolving prior to day of procedure

Within 6 weeks prior to scheduled procedure:

- Hospitalization
- Flu, bronchitis, bronchiolitis, pneumonia, croup, COVID, RSV
- Asthma exacerbation
- Other lower respiratory illness

Chronic Illness/Specialist follow-up:

If the patient follows with a specialist for cardiology, hematology, pulmonary or endocrine, please ensure patient is up to date on follow-up visits/testing (e.g. labs, echo, ecg, sleep study).

If not up to date, please ask the family to reach out to their specialist and let them know they're having surgery.

Diabetes and certain heme conditions may require a preop plan from the specialist to proceed.

NPO education:

The family will receive a call a few days prior to surgery with instructions. To prevent cancellation of the patient's surgical procedure, please remind family to follow NPO instructions. **Not** following NPO instructions could lead to aspiration & the procedure is likely to get cancelled.

Hypoglycemia may occur with prolonged fasting before surgery – encourage patient to have clear liquids with sugar up until the time they're required to stop drinking.

Medications:

To prevent cancellation, please remind families to follow all instructions given on the pre-op phone call regarding medications. General instructions to review at the preop physical:

- On the morning of surgery, give medications for seizures, anxiety/behavior and respiratory medications.
- Bring any home medications that need to be given at a specific time (e.g. anti-rejection medications, mast cell medications), as we may not be able to obtain these from the pharmacy before the procedure.
- ACE/ARBs should be **Held** the morning of surgery and given no later than 7pm the night before.
- Diabetic medications: Patient may need a plan from the PCP or endocrinologist to safely proceed. For patients on weekly dosing of GLP-1 agonists, consider holding medication a week prior to the procedure (e.g. Trulicity (Dulaglutide), Bydureon BCise (Exenatide ER), and Semaglutide (Ozempic, Wegovy) – this is due to **risk for delayed gastric emptying** and resulting aspiration.

Anxiety Management:

Patient anxiety is a common concern on the day of surgery. Education and medications (when indicated) before surgery can improve outcomes. **Online video & resources:** Google “Cincinnati Children’s preparing for your child’s surgery”

Anxiety medications: Encourage the patient to **take routine behavioral medications & PRN anxiety medication** (if indicated) on morning of surgery. Family **may** give medications with sip of clears after their NPO time. If patient has **severe anxiety/behavioral concerns** that would benefit from pre-planning or they can only take behavioral medications with solids, please reach out.

Transportation: If the patient/family have concerns getting to or from the hospital for their surgery, please reach out to the provider who will be performing the procedure