



Admission Guidelines for Joint Arthroplasty Patients

Included Procedures: Total Hip Arthroplasty, Total Knee Arthroplasty, Unicompartmental (medial or lateral) Knee Arthroplasty, Patellofemoral Knee Arthroplasty, and Total (Reverse) Shoulder Arthroplasty.

Required Pre-Operative Testing:

(Clearances & testing must be completed within 30 days of the surgery.)

- ✓ Medical Clearance from PCP (any patient over 50 years of age or if requested due to patient's health history)
- ✓ Cardiac clearance if the patient sees a cardiologist regularly or if requested by another physician. This should include any recent cardiac testing (i.e. ECHO and/or Stress Test).
- ✓ Clearance from a specialist (i.e. pulmonologist, hematologist, etc.) if they are seen regularly for a chronic condition.
- ✓ Complete Blood Count (Hgb must be greater than 10.0 gm/dL)
- ✓ Complete Metabolic Panel
- ✓ Coagulation panel (which includes a PT/INR and an aPTT)
- ✓ Nasal Screening for Staph Aureus
- ✓ EKG (must be within 6 months of their surgical appointment)
- ✓ Hgb A1C (A Hgb A1C between 8.0% and 9.0% will be reviewed by the surgeon. A Hgb A1C over 9.0% will not be admitted for joint arthroplasty surgery.)

Eliminating/Limiting Factors:

- A Surgical Cardiovascular Risk (SCR) Category A will not be admitted to PSC. SCR categories B & C will undergo individual review by the anesthesiologist.
- American Society of Anesthesiologists (ASA) category 5 patients will not be admitted to PSC. All others are subject to review dependent on their health history.
- If a patient has a heart attack (myocardial infarction) within 90 days of their proposed surgery date, they will not be admitted for surgery at PSC for joint arthroplasty surgery.

- If a patient has a heart attack (MI), cardiac stent placement, CABG (bypass surgery), a hospitalization for CHF or chest pain, and/or a diagnosis of arrhythmia/dysrhythmia within 6 months of their proposed surgical date, they are **required** to have Cardiac Clearance.
- Patients with an ejection fraction of less than 40% will not be admitted to PSC for joint surgery. Others with a reduced ejection fraction will be evaluated by anesthesia on a case-by-case basis.
- Patients with a pacemaker must provide records of a pacemaker interrogation, which has been completed within 6 months of the date of surgery for review by anesthesia.
- Patients with an Automatic Implantable Cardioverter Defibrillator (AICD) will not be admitted to the PSC for joint surgery.
- Patients that have had a Cerebrovascular Accident (CVA)/stroke or a Transient Ischemic Attack (TIA) within 3 months of their surgery date will not be admitted to PSC for joint arthroplasty surgery. Patients who have had a CVA/stroke or a TIA within 6 months of surgery are **required** to have neurological clearance.
- Patients with a BMI of greater than 50 will not be admitted to the surgery center unless approved by the Medical Director and anesthesia. Those with a BMI over 45 may need to be evaluated by anesthesia prior to admission.
- Dialysis patients will not be admitted to PSC for joint arthroplasty surgery.
- Patients on oxygen at home will not be admitted to PSC for joint arthroplasty surgery.
- Patients with or that have immediate family members with a history of malignant hyperthermia will not be admitted to PSC for joint arthroplasty surgery.
- If requested by anesthesia, a patient may be required to complete an in-person evaluation by the MDA prior to their surgical date due to their individual health/surgical history (i.e. cervical fusion, head/neck surgery or radiation therapy, poor mobility, documented “small or difficult” airway, high BMI, etc.)
- If a patient has a history of substance abuse, has a pain management physician and/or is taking a medication such as suboxone, methadone, or buprenorphine, please call or text Lori when you are boarding the patient.