HSS Freestanding ASC Surgery Screening Questionnaire

Do you have any of the following?

FOR OFFICE USE (IF PATIENT RESPONDS "YES"):
For questions 1 - 13: Patient is not be eligible for surgery at the ASC

1. Malignant Hyperthermia (you or any blood relative)	☐ YES	☐ NO
2. Pregnant	☐ YES	☐ NO
3. Chronic Pain (taking daily opioids* ≥ 6 months)	☐ YES	☐ NO
4. Severe Lung Disease (on systemic steroids, home oxygen, recent ER visit or hospitalization)	☐ YES	☐ NO
5. Heart Attack, cardiac stent or Stroke within 6 months	☐ YES	☐ NO
6. Medical devices (AICD, insulin pump, spinal cord stimulator, intrathecal baclofen pump)	☐ YES	☐ NO
7. Kidney Failure on Dialysis or Kidney Transplant	☐ YES	☐ NO
8. Myasthenia Gravis, Multiple Sclerosis (recent flare), Muscular Dystrophy, or other Neuromuscular Disorder	☐ YES	☐ NO
9. Bleeding disorder that leads to excessive bleeding from cuts, prior surgeries/easily bruised	☐ YES	☐ NO
10. Difficulty with Anesthesia (difficult intubation or excessive nausea requiring hospitalization)	☐ YES	☐ NO
11. Diabetes with blood sugars above 180, or Hgb A1c > 8	☐ YES	☐ NO
12. Congenital heart defect	☐ YES	☐ NO
13. Developmental delays	☐ YES	☐ NO

FOR OFFICE USE (IF PATIENT RESPONDS "YES"):
For questions 14 - 15:
Patient will need a preoperative EKG.

For questions 14 - 22:
Please consult medicine/subspecialist for clearance.

14. Pacemaker or any heart rhythm problems(atrial fibrillation on blood thinners)	☐ YES	☐ NO
15. Heart Disease (heart attack, heart failure, heart surgery, stents)	☐ YES	☐ NO
16. Substance dependency (opioids*,methadone,buprenorphine,suboxone,naltrexone,drugs and alcohol)	☐ YES	☐ NO
17. Asthma, or COPD (on inhalers, recent cold or flu)	☐ YES	☐ NO
18. Parkinson's disease, Dementia, Seizure disorder	☐ YES	☐ NO
19. Kidney Disease (not on dialysis), Liver Disease	☐ YES	☐ NO
20. Morbid Obesity (BMI > 40 kg/m2), or Weight > 300 lbs (136 kg)	☐ YES	☐ NO
21. History of blood clots (pulmonary emboli, or deep vein thrombosis); And/or on a blood thinner like Plavix, Eliquis, Xarelto, or Coumadin (excluding NSAID's)	☐ YES	☐ NO
22. Diagnosed with Obstructive Sleep Apnea:	☐ YES	☐ NO
If "**Yes**": Do you use your device daily, as directed	☐ YES	☐ NO

If patient has known or suspected OSA; follow OSA Pathway

If ALL questions are "NO". Patient IS a candidate for ASC

***A list of common opioid medications are:**

- Codeine.
- Hydrocodone (Vicodin, Hycodan)
- Morphine (MS Contin, Kadian)
- Oxycodone (Oxycontin, Percoset)
- Norco
- Hydromorphone (Dilaudid)
- Fentanyl (Duragesic)