



Glendon Wood Hospital & Woodland Hospital **Inclusion/Exclusion Criteria**



Glendon Wood Hospital

Part of Ramsay Health Care



Woodland Hospital

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	SUITABLE	ANAESTHETIC CLINIC/MDT MEETING	NOT SUITABLE
BMI	<40 with no co-morbidities Carry out ECG, HbA1c and consider PPI prescription and STOPBANG	40+ (Consider BMIs >35 for joint patients) (ECG, STOPBANG and HbA1c to be carried out at pre-assessment), and these patients to be highlighted to Theatres, Ward and Matron.	45
ASA Grade	ASA 1 and ASA 2	ASA 3	ASA 4 and 5
Age			
Age	18+		0-17
Cardiovascular			
Hypertension	Systolic <140mmHg Diastolic <90mmHg in Primary Care within the last 12 months	Systolic >140 - 160mmHg Diastolic >90 - 100mmHg (Ensure pre-op reading is the mean reading, and that it has been compared to patient's primary care readings over the past 12months prior to referral)	Poorly controlled Hypertenstion Systolic >170 or diastolic >100 despite hypertension medication
Valvular Disease		Discuss in Anaesthetic Clinic	Moderate/severe aortic stenosis (valve area 20)
Pacemaker/ Implanted Cardiac Device		Type of pacemaker - obtain relevant paperwork/dates of checks to then go in Anaesthetic Clinic	Pacemaker that has not been checked annually.
MI/Ischaemic Heart Disease	>12 months and no symptoms of angina	Angina/Ischaemic Heart Disease Mets < 4 MI 6-12month	MI within 6 months or unstable angina since MI
VTE/DVT/PE	>12 Months	>3-12	<3 months
Heart Failure	No symptoms or limitation of ordinary activity	Use New York Heart Association Classification	Any New York Heart Assosition (NYHA) score 3 or higher
Cardiomyopathy		Needs further discussion Echo in last 12/12 Full cardiology reports available for review	Any unstable cardiac disease or currently under cardiology review MI, cardiac surgery including stents, angioplasty within last 6 mth
Coronary angioplasty/ stenting/CABG		Symptoms of angina or had angioplasty/stenting cardiology reports available for review **Patients with prosthetic mechanical heart valves must not omit anticoagulant medications	Procedure <6 months and on-going symptoms with use of Dual Antiplatelet Therapy (DAPT)
Dysrhythmia/ Atrial Fibrillation (AF)	On medication and well controlled	AF over 100 - needs further discussion	New onset Arrythmias
Peripheral Vascular Disease		Discuss (<METS 4)	
Aortic Aneurysm		Always	> 6.0cm
Respiratory			
Asthma	Well controlled asthma PEFR> 70% predicted PF recorded at pre-op	Poorly controlled asthma Hospital admissions within 12 months	Chest infection < 3/12 Hospital admission < 12 months Oral steroids < 3/12
COPD	Stable and well controlled COPD Exercise tolerance >4mets Recent spirometry available	Needs further discussion if not controlled. Hospital admissions within last 12 months	SOB at rest Breathless at <400m Oral steroids <3/12 Chest infection <3/12 Hospital admission <6 months
Obstructive sleep apnoea	Day case	Stop Bang >5. Overnight CPAP Complete a Bicarb level and Epworth sleep scale Referral for private sleep studies (if insured/ patient happy to cover cost) If diagnosed but not using a CPAP refer to anaesthetist	Undiagnosed with symptoms. Stop Bang >6

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Chronic respiratory conditions		Cystic Fibrosis Pulmonary Fibrosis Bronchiectasis	Chest infection <3/12 Oral steroids <3/12
Pulmonary fibrosis (Interstitial Lung disease) Interstitial Lung disease		Always	
Neurological			
Epilepsy	Request date of last seizure and Neurologist reviews	Seizure <6/12	Unstable seizure activity. Undiagnosed epilepsy.
TIA/CVA			Cerebrovascular Accident or TIA within 6 months
Metabolic			
Diabetes, Type 1 and 2	HbA1c <69 (Guidance as per handbook of peri-operative medicines UKCPA 2023) IDDM minor procedure only (Take patients diabetic nurse details if possible)	Managing own insulin pump or syringes. (Basal rate and insulin protocol intraoperative) If patient has an insulin pump, please request date of last check up and pump has adequate battery	HbA1c >69 History of or predicted severe post-operative nausea and vomiting Likely to require continuous variable rate insulin infusion Unstable diabetes with consultant input
Liver disease		Abnormal coagulation Abnormal LFTs - discuss with Surgeon & Anaesthetist	Known Cirrhosis/Ascites Active Hepatitis Alcohol dependence or abuse/ substance abuse
Renal disease	CKD Stage 1 and 2	CKD stage 3 or above Episode of AKI EGFR <60	Dialysis dependent Chronic Kidney Disease (CKD) Stage 3B (Egfr <45)
Thyroid disease	Abnormal TSH and normal T4 Asymptomatic	Discuss other abnormalities with Consultant Anaesthetist	
Organ transplant			Heart transplant Liver transplant Renal Transplant
Musculoskeletal			
RA	Well controlled RA	Recent episodes of RA flare ups Patients with impaired neck flexion/extension High steroid use (>5mg prednisolone) Request details of patients Rheumatology nurse	Cervical spine instability Pain on cervical spine movement (extension and flexion)
Haematological			
Anaemia	HB >120g/L	Hb <100g/L minor surgery Hb <100g/L for all intermediate/ major surgery Request additional bloods (TSats, Iron, Ferritin, B12 and Folate)	Undiagnosed and symptomatic anaemia
Platelets		Out of normal range	Known diagnosis of Antiphospholipid Antibody Syndrome (APS)
Bleeding disorders		Known increased risk of bleeding Request Haematology advice (TDL)	Sickle cell disease

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Antibodies on group and screening sampling		Discussion with anaesthetist, consultant and haematologist (TDL)	
Airway			
Previous intubation grade	Mallampatti Grades 1 - 3		Mallampatti Grade 4 Patients requiring awake intubation
Airway symptoms		Dysphagia, voice changes, orthopnoea	Tracheostomy Stridor
Airway pathology		Known goitre	
Anaesthetic			
		Previous anaesthetic problems, requiring HDU/ITU Plus any family history. Restricted neck movement	
Mouth opening and jaw protrusion	Class A	Class B and C <3cms	
Other Factors			
Dementia	Complete Ramsay dementia screen assessment (all patients 75+) Refer individual patient needs to the ward manager and theatres Facilitate family member support	Notify anaesthetist of patient's individual needs Six item cognitive impairment review Be aware of risk of delirium post anaesthetic	8+ on dementia screen assessment
Mental health disorders	Request date of last psychiatric review and clinic letters Request lithium levels if taking lithium	Notify consultant and anaesthetist of individual needs Previous suicide attempts	Acute mental health issues/patients under the care of a Community Psychiatric Nurse/ Mental Health Services.
Treatment			Radiotherapy or Chemotherapy within the last 12 months.

New York Heart Failure Index	Canadian Cardiovascular Society grading of angina
Class 1 - Cardiac disease with no symptoms and no limitation in ordinary physical activity i.e. no SOB on climbing stairs.	Class 1 - Angina only during strenuous or prolonged activity.
Class 2 - Mild symptoms (mild SOB and/or angina) and slight limitation during ordinary activity.	Class 2 - Slight limitation with angina only during vigorous physical activity.
Class 3 - Marked limitation in activity due to symptoms, even during less than ordinary activity (i.e. walking short distances <50m). Comfortable only at rest.	Class 3 - Symptoms with everyday living activities, i.e. moderate limitation.
Class 4 - Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients.	Class 4 - Inability to perform any activity without angina or angina at rest i.e. severe limitation.

Referral Queries

If you have any queries before referring your patients to Glendon Wood Hospital or Woodland Hospital please contact Business Relations Manager, Rebecca Dray on 07436 370 973 alternatively e-mail Rebecca.Dray@ramsayhealth.co.uk or Woodland.Primarycare@ramsayhealth.co.uk.

Your query will be discussed with the clinical team and we will respond as soon as possible.