

<b>I. Guidelines for medications that <u>SHOULD</u> be administered the morning of surgery.</b> Administered as ordered <u>or</u> instructed when the patient <i>normally</i> takes the medication in the morning. Examples are not all inclusive	
<b>Anti-hypertensive's</b>	<ul style="list-style-type: none"> <li>Beta blockers – anything ending in olol</li> <li>Hydralazine, Clonidine, Methyldopa, Amlodipine</li> </ul>
<b>Cardiac medications</b>	<ul style="list-style-type: none"> <li>Digoxin, Amiodarone, Antiarrhythmics, Nitrates, Nitroglycerin Patches, calcium channel blockers, alpha antagonists</li> </ul>
<b>Cholesterol ↓ (statins)</b> *(do not administer if scheduled <u>or</u> normally taken in PM)	<ul style="list-style-type: none"> <li>Simvastatin (Zocor), Lovostatin (Mevacor), Pravastatin (Pravachol), Rosuvastatin (Crestor), Pitavastatin (Livalo) Atorvastatin (Lipitor)</li> </ul>
<b>Asthma/respiratory medications</b>	<ul style="list-style-type: none"> <li>Theodur, Singulair, Inhalers and nebulizers</li> </ul>
<b>Anticonvulsants/Anti-seizure</b>	<ul style="list-style-type: none"> <li>Depakote, Dilantin, Phenobarbital, Tegretol, Kappa, Lamictal</li> </ul>
<b>Anti-reflux medications</b> <ul style="list-style-type: none"> <li>Histamine blockers</li> <li>Proton Pump Inhibitors</li> </ul>	<ul style="list-style-type: none"> <li>Famotidine (Pepcid) Cimetidine (Tagamet) Ranitidine (Zantac), Esomeprazole (Nexium), Omeprazole (Prilosec), Lansoprazole (Prevacid) Reglan, Pantoprazole (Protonix)</li> </ul>
<b>Steroids and Anti-rejection medications Rheumatologic</b>	<ul style="list-style-type: none"> <li>Prednisone, Cellcept, Cyclosporin, Tacrolimus</li> <li>Patients taking immunosuppressant's for transplant should continue them, patients taking them for other disease (rheumatoid arthritis, crohns) need a consult</li> </ul>
<b>Thyroid medication</b>	<ul style="list-style-type: none"> <li>Levothyroxine</li> </ul>
<b>Antivirals and anti-retroviral</b>	
<b>Antidepressants or any prescribed behavioral health drugs</b>	<b>EXCEPTION = MAO inhibitors</b> may need special instructions <ul style="list-style-type: none"> <li>Emsam, Marplan, Nardil, Parnate</li> </ul>
<b>Anti-parkinson agents</b> Levadopa, Levadopa/Carbidopa	<b>EXCEPTION=</b> Patients scheduled for "Part 1: (lead placement) of Deep Brain Stimulator Surgery, <u>NO</u> Anti-Parkinson agents for 24 hours pre-op.
<b>Narcotics taken on a regular schedule</b>	<ul style="list-style-type: none"> <li>Morphine, oxycodone, (Fentanyl) Patch (leave on), Methadone</li> </ul>
<b>Eye drops</b>	<ul style="list-style-type: none"> <li>Glaucoma drops</li> </ul>
<b>Alzheimer's medication</b>	<ul style="list-style-type: none"> <li>Aricept, Namenda</li> </ul>
<b>COX-2 inhibitors</b>	<ul style="list-style-type: none"> <li>Celebrex</li> <li>Check with surgeon if concerns re: bone growth/healing</li> </ul>
<b>Birth control pills</b>	<ul style="list-style-type: none"> <li>Most modern oral contraceptives contain low doses of estrogen that minimally increase thromboembolic risk. Because the risk of unanticipated pregnancy may outweigh the benefits of discontinuing oral contraceptives preoperatively, it is reasonable to continue oral contraceptives in the perioperative period.</li> </ul> <b>Exception:</b> lower extremity surgery

II. Guidelines for medications that absolutely <b>SHOULD NOT</b> be administered the morning of surgery.	
<b>Oral Hypoglycemics</b>	<ul style="list-style-type: none"> <li>Actos, Avandia, Glipizide, Glyburide, Prandin, Farxiga</li> </ul> <b>Note:</b> Glucophage (Metformin) ideally stopped 24hrs prior
<b>Particulate Antacids</b>	<ul style="list-style-type: none"> <li>Maalox, Mylanta, Tums</li> </ul>
<b>Diuretics</b>	<ul style="list-style-type: none"> <li>Hydrochlorothiazide( unless combined with permitted anti-hypertensive, Lasix, Demadex or Bumex</li> </ul>
<b>Antihypertensives</b> <ul style="list-style-type: none"> <li>ACE Inhibitors (ACIs) –anything ending in pril</li> <li>Angiotensin Receptor Blockers (ARBs) –anything ending in artan</li> </ul>	<ul style="list-style-type: none"> <li>Lisinopril, Prinivil, Zestril</li> <li>Losartan, Valsartan</li> </ul>
<b>Iron</b>	
<b>Premarin</b>	
<b>Biphosphonates</b>	
<b>Erectile Dysfunction</b>	<ul style="list-style-type: none"> <li>Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra)</li> </ul>
<b>Direct Renin Inhibitor</b>	<ul style="list-style-type: none"> <li>Aliskiren (Tekturna, Tekturna HCT, Amturnide, Tekamlo</li> </ul>
<b>Post-menopausal hormone replacement</b>	Postmenopausal hormone replacement therapies that contain estrogen do increase the risk of thromboembolic events. It would be reasonable to discontinue these medications prior to surgery. Estrogens must be stopped approximately 1 month preoperatively for coagulation function to return to baseline.
III. Medication to be <b>SPECIFICALLY ADDRESSED</b> by the physician who has prescribed the medication or surgeon for a <b>STOP</b> time or <b>HOLD</b> or <b>ALTERNATIVE</b> route of administration or that the surgeon is aware the patient has been taking med on a regular basis prior to surgery.	
<b>Any anticoagulant therapy</b>	<ul style="list-style-type: none"> <li>Coumadin, Plavix, Heparin Drip and ASA, Fragmin, Lovenox, Pradaxa, Xarelto, Eliquis</li> </ul>
<b>Other medications (thin blood)</b>	<ul style="list-style-type: none"> <li>Ibuprofen or similar medications</li> <li>Herbal products ( Ginseng, Garlic, Vitamin E, etc)</li> <li>Weight Loss Product</li> </ul>
<b>Pre-procedure Insulin management</b>	<b>MUST BE</b> ordered or instructed by <u>the physician</u> that manages the care of the diabetic patient.
<b>Opioid agonist/antagonist</b>	Suboxone – Stop 48-72 hours prior to surgery