



MedStar Health

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| Guideline: Perioperative Management of Chronic Medications | | Version Number: 3.0 | |
| Department: Pharmacy | Original System P&T Approval Date: 9/26/17 | Revision System P&T Approval Date: new | Owner: Pinaki Shah, PharmD |
| Reviewed By: Anesthesia Clinical Practice Council | | | |
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| Revision Date | Revision Description | | |

Purpose: To provide recommendations regarding medication management for patients in the perioperative setting. *Deviation from these guidelines may be warranted based on individual patient condition and physician discretion.*

| Drug | Recommendation |
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| Cardiovascular Medications | |
| ACE Inhibitors/Angiotensin Receptor Blockers | Continue until the day before the operation, but hold on day of surgery. |
| Alpha-2 Agonists (e.g. clonidine) | Continue up to and including day of surgery. |
| Beta Blockers | |
| Calcium Channel Blockers | |
| Anti-arrhythmics (e.g. amiodarone, digoxin, etc.) | |
| Diuretics/Combination with diuretics | Continue until the day before the operation, but hold on day of surgery. |
| Nitrates (e.g. nitroglycerin, isosorbide, etc.) | Continue up to and including day of surgery. |
| Lipid-lowering agents | |
| Endocrine Medications | |
| Thyroid replacement/Anti-thyroid agents | Continue up to and including day of surgery. |
| Glucocorticosteroids | |
| Oral contraceptives, Hormone replacement therapy, and Selective estrogen receptor modulators | Continue up to and including day of surgery unless at the discretion of the surgeon they should be stopped sooner to prevent VTE. |
| Gastrointestinal Medications | |
| H2 Blockers (e.g. ranitidine, famotidine, etc.) | Continue up to and including day of surgery. |
| Proton pump inhibitors (PPIs) (e.g. pantoprazole, omeprazole, etc.) | |
| Antiemetics (e.g. ondansetron, metoclopramide, etc.) | |
| Hypoglycemic Agents | |
| Oral Hypoglycemics (e.g. pioglitazone, metformin, glimepiramide, resiglitazone, glyburide, etc.) | Hold on day of surgery. |
| Rapid/Short Acting Insulin Insulin aspart (Novolog), Insulin lispro (Humalog), Regular insulin (Novolin R, Humulin R) | Hold the morning of surgery EXCEPT for use as correctional coverage. |
| Long Acting Insulin Insulin glargine (Lantus), Insulin detemir (Levemir), NPH (Novolin N, Humulin N) | Night before: Glargine, Detemir: Administer 80% of usual dose. NPH: Administer 80% of usual dose. Day of surgery: Glargine, Detemir: Administer 80% of usual dose. NPH: Administer 50% of usual dose if blood glucose >100 mg/dL, otherwise hold. |
| Pre-mixed Insulin Novolin 70/30m Humulin 70/30, Novolog Mix 70/30 | Night before: Administer 80% of usual dose if patient is not NPO. |

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| | Day of surgery: If blood glucose >150 mg/dL, give 50% of usual AM dose as NPH. |
| Insulin pump | Continue basal rate the morning of surgery. |
| Immunosuppressants and Rheumatologic Medications*/** | |
| Corticosteroids | Continue up to and including day of surgery. |
| Biologic Response Modifiers (e.g. etanercept, infliximab, anakinra, rituximab, adalimumab) | Consider peri-operative discontinuation. Consultation with the prescribing physician is recommended to determine the most appropriate course of action based on activity of the underlying disease and risk of specific surgical procedure. |
| Hydroxychloroquine | Continue up to and including day of surgery. |
| Leflunomide | |
| Sulfasalazine and azathioprine | |
| Methotrexate | Continue up to and including day of surgery. In patients with renal insufficiency, discontinue 2 weeks prior to surgery. |
| *Note that immunosuppressive therapy should not be discontinued in transplant patients without consultation with the prescribing physician. **Continue up to and including the day of surgery unless at the discretion of the surgeon they should be stopped sooner to prevent infection. | |
| Psychotropic Medications | |
| ADHD Medications (e.g. methylphenidate, lisdexamfetamine, dextmethylphenidate, etc.) | Continue up to and including day of surgery. |
| Anticonvulsants (e.g. phenytoin, valproic acid, etc.) | |
| Antidepressants (e.g. SSRIs, SNRIs, venlafaxine, bupropion, mirtazapine, and nefazodone) | |
| Antiparkinson and Alzheimer’s medications | |
| Antipsychotics (e.g. haloperidol, risperdal, etc.) | |
| Benzodiazepines | |
| Lithium | |
| Monoamine oxidase inhibitors (MAO’s) (e.g. selegiline, tranylcypromine, etc.) | |
| Tricyclic antidepressants (e.g. amitriptyline, imipramine, etc.) | |
| Pulmonary Medications | |
| Asthma and COPD medications (e.g. theophylline, inhaled steroids, etc.) | Continue up to and including day of surgery. |
| Pulmonary hypertension medications (e.g. ambrisentan, bosentan, macitentan, sildenafil, tadalafil, silexipag, riociguat) | |
| Supplements and Herbals | |
| Diet medications (e.g. phentermine), OTC dietary supplements, herbal medications, vitamin E, fish oil, self-prescribed arthritis medications, etc. | Hold phentermine for 5 days and all other herbals and supplements for a minimum of 7 days prior to surgery. |
| Miscellaneous | |
| Antibiotics, Antivirals, and Antiretrovirals | Continue up to and including day of surgery. |
| Benign Prostatic Hyperplasia (BPH) medications (e.g. tamsulosin, terazosin) | |
| Migraine/Headache medications (no aspirin) | |
| Ophthalmic Medications | |
| Pain medications containing opioids and/or acetaminophen | |
| Nonsteroidal Anti-inflammatory Drugs (NSAIDs) (e.g. aspirin, ibuprofen) | Discontinue all NSAIDs 7 days prior to procedure. If aspirin indicated for prevention of coronary artery disease: <ul style="list-style-type: none">• Primary Prevention: Hold 7-10 days prior to surgery.• Secondary Prevention: Hold on day of surgery.• Tertiary Prevention (cardiac/vascular surgery): Continue up |

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| | to and including day of surgery. <i>Refer to the Perioperative Management of Antithrombotic Agents Clinical Practice Guidelines for more information.</i> |
| Decongestants (e.g. pseudoephedrine, guaifenesin, phenylephrine, etc.) | Hold on day of surgery. |

References

1. Castamheira L, Fresco P, Macedo AF. Guidelines for the management of chronic medication in the Perioperative period: systemic review and formal consensus. *J Clin Pharm Ther.* 2011;36(4): 446-467.
2. Goodman SM. Rheumatoid arthritis: Perioperative management of biologics and DMARDs. *Semin Arthritis Rheum.* 2015;44(6):627-32.
3. Nagelhout J, et al. Should I continue or discontinue that medication? *AANA.* 2009;77(1):59-73.
4. Pass SE, Simpson RW. Discontinuation and reinstitution of medications during the preoperative period. *Am J Health-Syst Pharm.* 2004;61:899-912.
5. Whinney C. Perioperative medication management: general principles and practical applications. *Cleveland Clinic Journal of Medicine.* 2009;76(4):S126-S132.