

**Cardiac Clearance Checklist – Adapted from 2014 ACC/AHA Recommendations.**

<b>A. Cardiac Risk By Type of Surgery (check the appropriate box)</b>	
<b>High Risk (&gt;5%)</b>	<input type="checkbox"/> Emergent major operations, particularly elderly
	<input type="checkbox"/> Aortic or major vascular
	<input type="checkbox"/> Peripheral vascular surgery
	<input type="checkbox"/> Upper abdominal
<b>Intermediate Risk (1- 5% risk):</b>	<input type="checkbox"/> Intraoperative
	<input type="checkbox"/> Intrathoracic
	<input type="checkbox"/> Carotid endarterectomy
	<input type="checkbox"/> Head and neck surgery
	<input type="checkbox"/> Gynecologic surgery
	<input type="checkbox"/> Neurosurgery
	<input type="checkbox"/> Orthopedic surgery
<b>Low Risk (&lt;1%)</b>	<input type="checkbox"/> Endoscopic procedures
	<input type="checkbox"/> Superficial procedures

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	<input type="checkbox"/> Cataract surgery
	<input type="checkbox"/> Breast surgery
	<input type="checkbox"/> Ambulatory surgery
<b>B. Contraindications for Non-Emergent Surgery (check the appropriate boxes)</b>	
<input type="checkbox"/> Acute Coronary Syndrome	
<input type="checkbox"/> MI within 1 month	
<input type="checkbox"/> Decompensated CHF	
<input type="checkbox"/> Significant high grade AV block, SVT, Symptomatic Bradycardia	
<input type="checkbox"/> Severe valvular disease (AVA<1cm <sup>2</sup> , gradient >40mmHg, symptomatic MS)	
<input type="checkbox"/> None of the Above	
<b>C. Revised Cardiac Risk Index (RCRI) - check all that apply</b>	
<b>Condition</b>	<b>Points</b>
<input type="checkbox"/> Heart failure	1
<input type="checkbox"/> Cerebrovascular disease	1
<input type="checkbox"/> Ischemic heart disease	1

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<input type="checkbox"/> Diabetes requiring insulin	1
<input type="checkbox"/> Creatinine >2.0mg/dL	1
<input type="checkbox"/> Undergoing any of the following: <ul style="list-style-type: none"> <li>• Suprainguinal vascular surgery</li> <li>• Intraperitoneal surgery</li> <li>• Intrathoracic surgery</li> </ul>	1
<b>Total RCRI Score</b>	_____ (sum of points above)
<b>Interpretation of RCRI Score:</b>	
<b>Score</b>	<b>Risk of Cardiac Complications</b>
<input type="checkbox"/> 0	0.4%
<input type="checkbox"/> 1	0.9%
<input type="checkbox"/> 2	7%
<input type="checkbox"/> ≥3	≥11%
<b>D. Patient Medications</b>	
<b>Relevant Medications</b>	<b>Recommendations</b>
<i>Is the patient on Beta-Blocker?</i>	
<input type="checkbox"/> Yes	Continue medication (Class I)
<input type="checkbox"/> No	Do not start therapy on day of surgery (Class III)
<i>Is the patient on Statins?</i>	
<input type="checkbox"/> Yes	Continue medication (Class I)
<input type="checkbox"/> No	
<i>Is the patient on alpha-2 agonist?</i>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	No benefit for prevention of cardiac events (Class III)

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<p>Is the patient on anti-platelet therapy?</p>		
<p><input type="checkbox"/> Yes</p>	<p>Does the patient have a coronary stent?</p>	
		<p>During the first 4 to 6 weeks after coronary stent implantation, dual antiplatelet therapy should be continued unless the relative risk of bleeding outweighs the benefit of the prevention of stent thrombosis. <i>(Class I)</i></p>
	<p><input type="checkbox"/> Yes</p>	<p>If surgical procedure mandates the d/c of P2Y12 inhibitor therapy, it is recommended that aspirin be continued if possible and the P2Y12 inhibitor be restarted as soon as possible after surgery. <i>(Class I)</i></p>
		<p>Management of the perioperative antiplatelet therapy should be determined by a consensus of the surgeon, anesthesiologist, cardiologist, and patient, who should weigh the relative risk of bleeding with that of stent thrombosis. <i>(Class I)</i></p>
<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p>	<p>Continuation of aspirin is not beneficial in patients undergoing elective noncardiac noncarotid surgery who have not had previous coronary stent unless the risk of ischemic events outweighs the risk of surgical bleeding. <i>(Class III)</i></p>
	<p>Initiation of aspirin is not beneficial in patients undergoing elective noncardiac noncarotid surgery who have not had previous coronary stent unless the risk of ischemic events outweighs the risk of surgical bleeding. <i>(Class III)</i></p>	