## Surveying the Clinical Practice Patterns within the UAB Department of Anesthesiology

Quantitative PROMPT Survey – <u>STUDY SURVEY TWO</u>

## Please answer the following questions:

What type of clinician are you?  Anesthesiologist  Surgeon  Nurse Anesthetist					
How many years after completing your training have you been in clinical practice? years					
How old are you? years					
What is your gender?	□ Female	🗆 Male			
What is your race?	□ African-Am	nerican	Caucasian	🗆 Hispanic	□ Other

A Perioperative Risk Optimization and Management Planning Tool (<u>PROMPT</u>) is a local clinician-designed approach to promoting standardization of care, which accommodates patients' individual differences, respects care providers' clinical acumen, and keeps pace with the rapid growth of medical knowledge.

There are a number of possible topics for the development and implementation of PROMPTs here at UAB.

Please rate HOW IMPORTANT you think <u>each</u> of the following perioperative topics is on a scale of 1 to 10, with 1 being NOT AT ALL IMPORTANT and 10 being EXTREMELY IMPORTANT.

These topics include the categories of Preoperative Testing, Medications and Technologies, Optimization of Co-Morbid Diseases, Perioperative Risk Reduction, and Provision of Comprehensive Care.

- A. Preoperative Testing
  - 1. Laboratory
  - 2. Cardiovascular
  - 3. Pulmonary function
- B. Medications and Technologies
  - 1. Beta-blockers
  - 2. Calcium channel blockers
  - 3. Diuretics
  - 4. Angiotensin-converting enzyme inhibitors
  - 5. Angiotensin receptor blockers
  - 6. Anticoagulants
  - 7. Coronary artery stents
  - 8. Cardiac pacemakers
  - 9. Implantable cardioverter defibrillators
  - 10. Insulin pumps
  - 11. Intrathecal pumps

- 12. Other implantable devices (vagal nerve stimulators, deep brain stimulators)
- C. Optimization of Co-Morbid Diseases
  - 1. Arterial hypertension
  - 2. Coronary artery disease
  - 3. Cardiomyopathy
  - 4. Congestive heart failure
  - 5. Cardiac arrhythmias
  - 6. Diabetes mellitus
  - 7. Cerebrovascular disease
  - 8. Chronic obstructive pulmonary disease
  - 9. Obstructive sleep apnea
  - 10. Pulmonary hypertension
  - 11. Renal insufficiency
  - 12. Cirrhosis and liver failure
  - 13. Anemia
  - 14. Obesity
  - 15. Infection and sepsis
  - 16. Trauma
  - 17. Chronic pain/chronic opioid use
  - 18. Substance abuse
  - 19. Malignant hyperthermia
  - 20. Reported penicillin allergy
- D. Perioperative Risk Reduction
  - 1. Cognitive delirium
  - 2. Cognitive dysfunction
  - 3. Nausea and vomiting
  - 4. Deep venous thrombosis
  - 5. Cerebrovascular accident
  - 6. Myocardial injury after non-cardiac surgery ("MINS")
  - 7. Acute kidney injury and renal failure
- E. Provision of Comprehensive Care
  - 1. Choice of anesthetic technique and agents
  - 2. Airway management
  - 3. Intraoperative ventilation
  - 4. Glucose management (not just in diabetes)
  - 5. Nutrition
  - 6. Fluid and electrolyte management
  - 7. Patient-centered blood management
  - 8. Patient medication instruction and compliance
  - 9. Preoperative physical conditioning ("prehabilitation")
  - 10. Smoking cessation
  - 11. Perioperative opioid sparring strategies ("multimodal analgesia")

- 12. Perioperative sedative sparring strategies
- 13. Preoperative antimicrobial prophylaxis and skin preparation
- 14. Intraoperative hypothermia prevention (maintaining normothermia)
- 15. Geriatric anesthetic and analgesic management