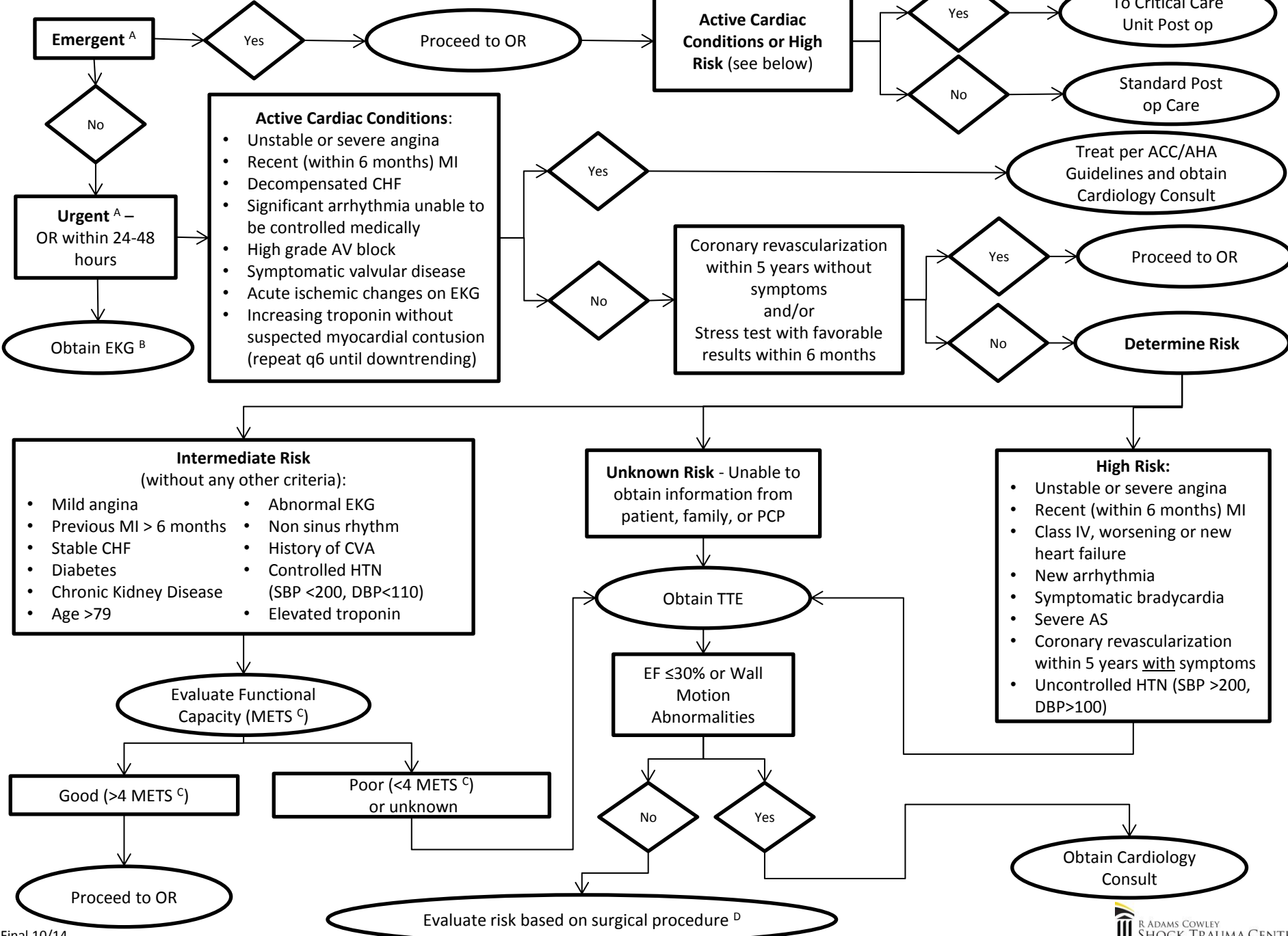


# STC Perioperative Cardiac Risk Stratification



<sup>A</sup> Urgency of procedures (always at discretion of Orthopedic and Trauma attending):

Emergent:

- Vascular injury
- Threatened limb
- Compartment syndrome

Urgent:

- Hip fracture
- Femoral shaft fracture
- Femoral supracondylar fracture
- Acetabular fracture with unstable joint requiring surgery
- Ankle/talus fracture with threatened skin
- Pelvic ring fracture with hemodynamic or gross mechanical instability

<sup>B</sup> Obtain EKG for:

- Chest trauma (including seatbelt sign, sternal fractures, anterior rib fractures)
- Elevated troponin
- High or intermediate risk procedure
- Risk factors for CAD
- Unknown risk

<sup>C</sup> METS – metabolic equivalents

<4 – sleeping, watching TV, desk work, level walking slowly

>4 – light house work, climb stairs, brisk walk

>6 – heavy house work, recreational activities, strenuous activities

<sup>D</sup> Risk of procedure (with input from Orthopedic Team):

High Risk:

- Large blood loss anticipated (complex acetabular ORIF)
- Complex Revision Joint replacement
- Non-emergent spine (non percutaneous, prone position)
- Thoracic spine (anterior approach)
- Multiple extremities

Moderate Risk:

- Routine Joint replacement for Hip Fracture
- ORIF of femoral fractures
- Simple ORIF acetabular fracture (posterior wall)

Low Risk:

- Simple upper extremity fractures
- Procedure to be done with block instead of General Anesthesia
- Minimal blood loss/time (ex fix, perc acetabulum/pelvis, finger case)
- Percutaneous procedures