

BETA-BLOCKER PROTOCOL

Sarasota Memorial Hospital- Department of Anesthesia and Peri-Operative Services

Procedure	Non-Cardiac Surgery Level 2 or higher	
Inclusion Criteria	<ul style="list-style-type: none"> • Known CAD (angina, MI, positive stress test or cath) <li style="text-align: center;">Or • Known PVD <li style="text-align: center;">Or • Any 2 of: Age > 65, HTN, Current smoker, Total Chol >240, Diabetes mellitus 	
Exclusion Criteria	<ul style="list-style-type: none"> • Poorly controlled Asthma (Inhaler >1 per week or on steroids) • COPD + bronchospasm • Heart Rate < 55 beats per minute • Systolic Blood Pressure < 100 mmHg • Second or third degree AV block without pacemaker • Active CHF or known EF <30% • History of adverse reaction to beta blocker • Hypovolemia or sepsis • S3, rales, or wheezing on exam 	<p><i>If patient meets inclusion and exclusion criteria, consider:</i></p> <p><i>-Clonidine 0.2 mg PO night before and AM of surgery and Clonidine TTS 0.1 mg AM of surgery. OR</i></p> <p><i>- Dexmedetomidine 0.2-0.7 mcg/kg/hr in a monitored setting may also be used.</i></p>
Prior to Day of Surgery	<p>Outpatient PO Metoprolol</p> <ul style="list-style-type: none"> • HR > 70 give 50 mg daily • HR 55-70 give 25 mg daily <p>Or current dose of beta blocker</p>	<p><i>-Surgeon, PMD or PAT to start as outpatient. Benefits accrue up to 30 days pre-op.</i></p> <p><i>-Target heart rate < 70 bpm</i></p> <p><i>- Beta blocker should be started as early as possible, i.e. as soon as patient is found to be eligible.</i></p>
Holding Area Day of Surgery	Anesthesiologist reviews and confirms criteria for inclusion in protocol	<i>Beta blocker protocol annotation on surgery schedule and sticker on chart.</i>
Operating Room	<ol style="list-style-type: none"> 1. Hemodynamically stable: Begin IV Metoprolol 1-5 mg IVP prn 2. Hemodynamically unstable: Esmolol bolus 10-20 mg IVP prn or infusion 3. Hypertension: Labetalol 5-10 mg IVP prn 	<i>Target heart rate < 70 bpm</i>
PACU	<ol style="list-style-type: none"> 1. HR >75 bpm AND SBP > 100 mmHg Metoprolol 5mg IVP, VS after 15 min, repeat X 2 if still meets criteria. 2. HR 65-75 bpm AND SBP > 100 mmHG Metoprolol 2.5mg IVP, VS after 15 min, repeat X 2 if still meets criteria 3. HR < 65 bpm AND/OR < 100mmHg <u>Hold</u> 	
Inpatient Unit	<ol style="list-style-type: none"> 1. IV Metoprolol- NPO Needs monitored bed. Continue IV dosing as in PACU every 6 hours. 2. PO Metoprolol <ul style="list-style-type: none"> • HR >75 bpm AND SBP > 100mmHg: 50 mg bid • HR 65-75 bpm AND SBP > 100 mmHg: 25 mg bid • HR < 65 bpm AND/OR SBP < 100 mmHg: Hold 	<i>Postoperatively, PO beta blocker should be restarted as soon as possible.</i>
Discharge	Consider outpatient treatment for 30 days or chronically.	<i>Oral beta blocker should be continued at least through hospitalization and up to one month postoperatively.</i>