Criteria for POMILS Involvement

It is strongly suggested that any patient having unplanned surgery with any of the following be referred to POMILS early in their surgical admission.

1. Unstable Comorbidities (see list)
2. Frailty (Clinical Frailty Score ≥ 5)
3. Complex Decision making, where there is uncertainty surrounding the benefit or appropriateness of surgical intervention

In addition to:

- All Surgical MET Calls
- All Surgical ICU patients / discharged ICU patients

Examples of unstable comorbidities:

- Any of following comorbidities or if potential preoperative optimisation required:
- Unstable Cardiac Disease
    - Active/recent infarct (last 3-6 months), unstable angina, decompensated CCF (exercise tolerance <50 m)
    - Unstable arrhythmia (eg. uncontrolled AF)
    - Moderate pulmonary hypertension (PAP >35mmHg)
- Any functionally limiting respiratory disease (exercise tolerance < 50m)
    - COPD/Asthma/ILD
    - Home oxygen dependence
- Neuromuscular conditions
    - Recent TIA/Stroke (last 3-6 months)
    - Uncontrolled Epilepsy
    - Muscular dystrophies/Parkinsons Disease/Myasthenia gravis
- Renal Disease (note exclusion for dialysis / transplant patients)
    - AKI (Cr >1.5x baseline) / CKD 4 (eGFR <30)
- Liver Disease – Cirrhosis (Childs Pugh B + C)
- Delirium (4AT > 4)
- Complex poly-pharmacy – refer to Perioperative Medication CPG in first instance
    - Uncertainties regarding medications whilst fasting

If patient is already well known to a specialty team – then please refer to that team in the first instance. Depending on the situation, General Medicine may still be the most appropriate and available team for the daily review of these complex patients.

Exclusions:

- Paediatric patients (<18 years old)
- Pregnant patients (refer to Obstetric Medicine)
- Dialysis patient / Renal transplant recipient
- Orthopaedic patients at BHH

Referral Process :

- Please page POMIL Registrar on: 100205 (or through Docta Rosta)
- POMILS registrar will attend daily MDT at ~0845 in 8.2 Tutorial Room