**Section 205.520 Preoperative Care**

a) The ASTC shall develop and maintain a policy that:

1) Identifies patients who require a medical history and physical examination prior to surgery and the timeframe in which the examination is to be completed prior to the surgery;

2) Considers the type of surgical procedure, age of the patient, and planned levels of anesthesia;

3) Addresses common diagnoses and known comorbidities; and

4) Is based on applicable nationally recognized standards of practice.

b) If the ASTC determines that a medical history and physical examination is required based on the policy requirements in subsection (a), it shall be obtained within the timeframe specified in the policy and included in the patient's medical record before beginning the surgical procedure.

c) If a patient is referred from a private physician's office, hospital, or clinic, the ASTC may accept a medical history and physical examination from the referring entity. The medical history and physical examination shall be included in the patient's clinical record at the time of the patient's registration and admission to the ASTC.

d) Upon admission, each patient shall have a pre-surgical assessment completed by a physician or other qualified practitioner that shall include documentation of any allergies to drugs or biologicals.

e) For procedures requiring a medical history and physical examination based on the policy requirements in subsection (a), changes in the patient's condition since completion of the most recently documented medical history and physical examination shall be documented.

f) A preanesthetic evaluation shall be completed specifically identifying any patient sensitivity or contraindications to anesthesia.

g) The laboratory examinations required on all admissions shall be determined by the qualified consulting committee and shall be consistent with the scope and nature of the ambulatory surgical treatment center. The required list or lists of tests shall be in written form and shall be available to all members of the medical staff.

h) Prior to procedures performed to terminate pregnancy, the physician shall establish the diagnosis of pregnancy by appropriate clinical evaluation and testing. In addition, the patient's blood Rh factor shall be determined.

i) A written statement indicating informed consent and a signed authorization by the patient for the performance of the specific surgical procedure shall be procured and made part of the patient's clinical record.

j) Surgical procedures shall not be performed on patients having medical, surgical or psychiatric conditions or complications as specified by the qualified consulting committee in the ASTC's written policies.

k) Prior to admission to the facility for a surgical procedure, the patient shall be informed of the following:

1) Patients who receive general anesthesia, intravenous sedation, spinal or epidural anesthesia, or any other specific anesthesia technique designated by the qualified consulting committee shall not attempt to drive a motor vehicle immediately upon discharge from the facility.

2) Patients shall arrange prior to admission for safe transportation upon discharge from the facility.

(Source: Amended at 46 Ill. Reg. 14215, effective July 28, 2022)