**Measure Abbreviation:** FLUID 01-NC

**Description:** Percentage of non-cardiac cases in which colloids were not administered intraoperatively.

**Measure Time Period:** Anesthesia Start to Anesthesia End

**Measure Type:** Process

**Measure Summary:** The purpose of this measure is to identify the use of colloids for patients that likely do not need them in the non-cardiac surgery patient population. It is the expectation that providers will uphold the ASA’s Choosing Wisely program by avoiding colloids and using crystalloid instead when appropriate.

**Rationale:** There is a lack of consistent evidence to suggest improved survival with the use of colloids as compared to crystalloids in the surgical population. Because colloids are more expensive than crystalloids, it is recommended that anesthesia providers avoid the use of colloids in most instances. Evidence to support the use of hydroxyethyl starch to prevent ovarian hyperstimulation syndrome for In Vitro Fertilization cases has been published and these cases will be excluded.

**Inclusions:**
- All patients undergoing general anesthetics, spinals, and epidurals.

**Exclusions:**
- ASA 5 and 6 cases
- ≥2L EBL
- ≥ 4 units PRBC transfusion
- Patients that are in prone position for more than 4 hours
- Patients that are in Trendelenburg position for more than 4 hours
- Patients with ascites
- In Vitro Fertilization- Egg Retrieval cases (Surgical CPT: 58970, 58974, 58976)
- In Vitro Fertilization- Egg Retrieval Rooms (Rooms tagged as IVF-Only)
- Cardiac surgery without pump (CPT: 00560)
- Cardiac surgery with pump and <1 year old (CPT: 00561)
- Cardiac surgery with pump and > 1 year old (CPT: 00562)
- Cardiac surgery with hypothermic arrest (CPT: 00563)
- CABG with pump (CPT: 00567)
- Heart Transplant (CPT: 00580)

**Exclusions (continued):**
Any cardiac case with an intraoperative note mapped to one of the following MPOG Concepts:
- 50399  Cardiopulmonary bypass -- aortic clamp on/off note
- 50409  Cardiopulmonary bypass terminated
- 50410  Cardiopulmonary bypass initiated (full)
- 50416  Cardiopulmonary bypass -- crossclamp and circulatory arrest time totals
- 50417  Cardiopulmonary bypass -- Access cannula removed note
- 50714  Cardiopulmonary bypass - Bypass start / stop event

Cases performed by cardiac surgical service: MPOG concept 80005.

MPOG Concept IDs Required:

<table>
<thead>
<tr>
<th>Colloid MPOG Concepts</th>
<th>Patient Position MPOG Concepts</th>
<th>Patient Dx MPOG Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>10017  Albumin 25%</td>
<td>50136  Positioning- Patient Position</td>
<td>10500  Ascites</td>
</tr>
<tr>
<td>10018  Albumin 5%</td>
<td>50137  Positioning- Patient positioned in left lateral decubitus position</td>
<td>Estimated Blood Loss MPOG Concept</td>
</tr>
<tr>
<td>10557  Albumin 20%</td>
<td>50818  Patient positioned in right lateral decubitus position</td>
<td>10499  EBL</td>
</tr>
<tr>
<td>10458  Hetastarch</td>
<td>Blood Administration MPOG Concepts</td>
<td></td>
</tr>
<tr>
<td>10459  Pentastarch</td>
<td>10489  Packed Red Blood Cells-Autologous</td>
<td></td>
</tr>
<tr>
<td>10601  Hydroxyethyl Starch 130/0.4 6% in 0.9% Saline (Voluven)</td>
<td>10490  Packed Red Blood Cells-Homologous</td>
<td></td>
</tr>
<tr>
<td>10605  Hydroxyethyl Starch 6% in Lactated Solution (Hextend)</td>
<td>10616  Packed Red Blood Cells-Unknown Type</td>
<td></td>
</tr>
</tbody>
</table>

Data Diagnostics Affected:
- Percentage of Cases with any Fluid Recording
- Percentage of Fluids with a Meaningful Fluid Mapping
- Percentage of Cases with Colloids Administered

Phenotypes Used:
- AnesthesiaEnd
- AnesthesiaStart
- AsaNotes
- Asa5or6
- ProneOrTrendelenburg
- SurgeryEnd
- Cardiac
- Fluid01

Other Measure Build Details:
Measure Specification Page 3 of 3

- Measure Start/End Time is defined as Anesthesia Start to Anesthesia End.

**Success:** Colloids are not administered during the case.

**Threshold:** None.

**Responsible Provider:** The provider signed in at the time of the colloid administration.

**Method for determining Responsible Provider:**

Measure is evaluated on a per provider basis: multiple providers can be attributed per case. If multiple providers are signed in at the time of colloid administration, all providers signed in will be attributed.

**Risk Adjustment (for outcome measures):**

*Not applicable.*

**References:**


