Appendix 1 (as supplied by the authors): Conditions likely to benefit from medical optimization prior to surgery

1. acute myocardial infarction associated with a mechanical complication (i.e., acute papillary muscle rupture, ventricular septal defect) or ST-elevation myocardial infarction;

2. cardiac arrest;

3. cardiogenic shock, defined by systemic hypotension and symptoms of organ hypoperfusion (oliguria, change in mental status, cold extremities) that the treating physician believes is due to a low cardiac output state (measurement of cardiac index or pulmonary capillary wedge pressure is not required) or requiring inotropic drugs;

4. frank pulmonary edema that cannot be corrected within 2 hours (i.e., after 2 hours the patient cannot maintain oxygen saturation ≥90% in supine position with nasal oxygen or 28% oxygen by mask);

5. respiratory failure requiring mechanical ventilation;

6. known pulmonary artery hypertension (> 80 mm Hg);

7. home oxygen therapy with concomitant clopidogrel (because regional anaesthesia is not possible);

8. presumptive bacteremia on thebasis of fever ≥39° Celsius or two of the following: a) Temperature >38° Celsius or <35° Celsius; b) white blood cell count (WBC) >12 or <4 or >10% immature bands; c) rigors; and d) hypotension with evidence of organ dysfunction;

9. hereditary or acquired coagulopathy that cannot be corrected within 2 hours to a INR <1.5;

10. thrombocytopenia (platelets $<75x10^9$/L) of unknown origin that cannot be corrected within 2 hours or in case of known chronic thrombocytopenia platelets $<50x10^9$/L;

Appendix to: The Hip Fracture Accelerated Surgical Treatment and Care Track (HIP ATTACK) Investigators. Accelerated care versus standard care in patients with hip fracture: the HIP ATTACK pilot trial. *CMAJ* 2013. DOI: 10.1503/cmaj.130901.

11. deep venous thrombosis in the last month requiring implantation of vena-cava filter before surgery;

12. acute stroke within 7 days of fracture;

13. subarachnoid hemorrhage within 1 month of fracture;

14. impaired consciousness of unknown origin (Glasgow coma scale <12);

15. fractures acquired during a seizure in patients without a known history of epilepsy;

16. hyponatremia (<120 mmol/L), hypernatremia (>155 mmol/L), OR hyponatremia (<125 mmol/L) or hypernatremia (>150 mmol/L) associated with neurological symptoms (e.g., impaired consciousness to coma, seizures);

17. hyperkalemia >5.5 mmol/L with QRS-complex >120 milliseconds (ms) in patients without known previous QRS-complex >120 ms or hypokalemia <2.8 mmol/L not amenable to correction within 2 hours;

18. pH <7.15 not amenable to correction within 2 hours; or

19. indication for acute dialysis.

Appendix to: The Hip Fracture Accelerated Surgical Treatment and Care Track (HIP ATTACK) Investigators. Accelerated care versus standard care in patients with hip fracture: the HIP ATTACK pilot trial. *CMAJ* 2013. DOI: 10.1503/cmaj.130901.