Revised Laboratory Testing Guidelines - 4/17/2013

All blood test are good for 12 weeks unless patient is unstable (in which case they are good for 2 weeks)

Endoscopic
Superficial
Eye
Breast(except mastectomy)
Ambulatory
Arthroscopic
Podiatry

Low Risk Surgery? — yes → No Testing ✣

no

Thoracic
Total joint revision
Vascular/CEA
Intracranial
Major spine*, GYN, Urologic, or General
Risk of blood transfusion
2nd total joint within 12 weeks**

High Risk Surgery? — yes → CBC, T&S (or T&C), INR & PTT, CMP

**2nd total joint, i.e. staged bilateral (not revision), requires CBC & BMP plus any labs indicated by Intermediate Risk Guidelines

no

Intermediate Risk Sugery

Cardiovascular Dz† Peripheral Vascular Dz Pulmonary Dz§ Renal Insufficiency‡ Malignancy (active rx) Age ≥ 65	Active Hepatitis (any cause) Cirrhosis EtOH (≥ 4 drinks/day)	Diabetes Mellitus Morbid Obesity (BMI ≥ 40) Digoxin Diuretic (except HCTZ) Chronic Corticosteroids	Anemia (current or unknown status)	Warfarin ✣ Hx Bleeding Diathesis¶
CBC, BMP	CBC, CMP INR & PTT	BMP	CBC	CBC INR & PTT

† Cardiovascular Dz defined as: CAD (CABG, stents, or medical mgmt), CHF, valve dz, arrthythmia, or congenital disease **requiring treatment**
§ Pulmonary Dz defined as: requires home O2, chronic steroids, or can't climb a flight of stairs due to this
‡ Renal Insufficiency defined as: ESRD or hx of creatinine ≥ 2
¶ Bleeding Diathesis defined as: hemophilia, vonWillebrand's disease, thrombocytopenia, etc (if personal hx unknown, then family hx of)
✣ A preop INR should be considered for all patients on warfarin regardless of surgical risk (day of surgery INR should be ordered for such pts having total joint repl.)
CXR NOT INDICATED UNLESS PATIENT HAS ACUTE SYMPTOMS SUGGESTIVE OF SIGNIFICANT PULMONARY DISEASE

*Major Spine = Fusion greater than 2 levels, Cell Saver scheduled, anterior-posterior procedures, or scheduled duration greater than 3 hours

Division of Anesthesia
Mercy Hospital

Preoperative ECG Guidelines

Low Risk Surgery
Anal, Arthroscopic, Breast (including Mastectomy), Cystoscopy (not TURP or TURBT), D&C, Endoscopic, Eye, Exodontia, Foot and Ankle/Podiatry, Hand, Hysteroscopy, Inguinal herniorrhaphy, ORIF Mandibular, Orbital, or Zygomatic Fracture (not LeForte fractures), Sinus surgery, Superficial (e.g. skin, subcutaneous, venous, stimulator placement), Tonsillectomy/Adenoidectomy (not UPPP).

- ➔ NO ECG REQUIRED

High Risk Surgery
All thoracic surgery
All vascular surgery

- ➔ ALL PATIENTS REQUIRE AN ECG*

(*Within 6 months is acceptable if there has been no change in patient's cardiovascular symptoms.)

Intermediate Risk Surgery
All other procedures

- ➔ ECG REQUIRED FOR THE FOLLOWING PATIENTS*:
- ➔ Any history of cardiac disease (ischemic, valvular, rhythm, heart failure)
- ➔ Any history of arterial vascular disease
- ➔ Any history of diabetes except gestational
- ➔ Any history of stroke or TIA
- ➔ Any history of renal insufficiency (creatinine > 2.0 gm/dl or on dialysis)
- ➔ Age >= 65 years

(*Within 6 months is acceptable if there has been no change in patient's cardiovascular symptoms.)

Preoperative CXR Guidelines

There are no routine indications for a preoperative CXR. If a patient is suspected to have pneumonia or an acute infiltrate, to be in pulmonary edema, or if post-operative mechanical ventilation is expected, consult an anesthesiologist or hospitalist regarding a CXR.

Special Note: Echocardiography

All patients with moderate or greater aortic stenosis who cannot provide adequate history of exercise tolerance should have an echo within 6 months of scheduled surgery.

Revised 10/28/2012