

Preoperative Laboratory Tests & ECG Ordering Tool (PAE Policy 2.1.04)

LAB ORDERING CONSIDERATION FOR ALL PATIENTS

Please additionally review medical conditions for patients having Intermediate or High risk procedures

Procedural Based Lab Ordering

Low risk* procedures	No labs need unless clinically indicated. INR drawn upon admission if Coumadin taken within 3 days prior to procedure.
Surgery with potential of sudden and/or major blood loss	Type and Screen & CBC (<i>T&S MUST be drawn at BRL with surgery date on order, Refer to Anesthesia Blood Ordering Policy 2.1.05</i>)
Thyroidectomy/Parathyroidectomy	Calcium

Medication Based Lab Ordering - Irrespective of procedural risk

Antiepileptics	Serum blood level testing [unless one is available within 12 months]
Digoxin	Serum blood level testing AND BMP [unless one is available within 12 months]
Lithium	Serum blood level testing [unless one is available within 12 months]
Coumadin/Lovenox Bridge	PT/PTT/INR [unless one available within 1 month and repeat on admission]
Diuretics and ACE and ARBs	BMP (<i>Unless WNL in last 6 months</i>)
High dose steroid therapy	BMP (<i>Unless WNL in last 6 months</i>)

* **Low Risk Procedure:** Endoscopic and superficial procedures, cataracts, breast and distal extremity surgery.

** **Intermediate Risk Procedure:** Intraperitoneal and intrathoracic procedures, carotid endarterectomy, head and neck procedures, orthopedic and prostate surgery.

*** **High Risk Procedure:** Cardiac, aortic, and major vascular surgery, peripheral vascular surgery

Normal laboratory tests done within 6 months of surgery are acceptable, unless there is a clinical indication for repeat testing.

Abnormal laboratory tests must be repeated within 1 month of surgery.

Medical Condition Based Lab Ordering for patients having INTERMEDIATE** to HIGH RISK*** procedures

Condition	CBC	BMP= Na, K, Cl, CO2, Ca, Glu, BUN, Cr	LFTs= Alb, Alkphos, Tprot, ALT, AST, Bili	PT/PTT/INR	CXR	HbA1C
Anemia-Symptomatic (<i>chest pain, SOB, irregular heartbeat</i>)	✓					
Bleeding Disorder	✓			✓		
Cardiac: CAD, Arrhythmias, CHF, Structural heart disease	✓		✓			
Uncontrolled Hypertension			✓			
Vascular: PVD, cerebrovascular	✓		✓			

Diabetes Mellitus

Condition	CBC	BMP= Na, K, Cl, CO2, Ca, Glu, BUN, Cr	LFTs= Alb, Alkphos, Tprot, ALT, AST, Bili	PT/PTT/INR	CXR	HbA1C
Established and controlled						
Long standing diabetes mellitus (>10 years) or Poorly Controlled			✓			✓
Pituitary disease			✓			
Adrenal Insufficiency			✓			
Renal Disease, including dialysis patients	✓		✓			
Hepatic Disorder/Alcohol Abuse	✓		✓	✓		
Pulmonary disease- Symptomatic (<i>respiratory infection, SOB, wheezing, chest tightness</i>)			✓		✓	
Significant GI losses (<i>vomiting, diarrhea</i>)			✓			
Symptomatic Dysuria with urinary Frequency						
Menstruating Female						

Glucose ONLY

Urinalysis

Urine pregnancy test as per policy

Please note: This guide is not meant to be comprehensive; other conditions should be taken into consideration.

ECG ORDERING GUIDELINES

PLEASE NOTE: Patients with recent Cocaine use (< 1 month) should have an ECG irrespective of procedural risk.

Procedural Risk		Order ECG Test
Low Risk Procedure: Endoscopy & superficial procedures, cataracts, breast and distal extremity surgery.	Asymptomatic	NO
	Symptomatic <i>(Chest pain, dyspnea with exertion, palpitations)</i>	YES
Intermediate Risk Procedures: Intraperitoneal and intrathoracic procedures, carotid endarterectomy, head and neck procedures, orthopedic and prostate surgery.	Patients with known coronary heart disease, significant arrhythmia, peripheral arterial disease, cerebrovascular disease, or other significant structural heart disease.	YES
	High Risk Procedure Cardiac, aortic and major vascular surgery, peripheral vascular surgery.	YES

ECG done within the last 6 months is acceptable unless there are new symptoms or clinical signs.

