



Pre-Admission Labs and Diagnostics

Pre-Surgery Diagnosis: _____

Scheduled Procedure: _____

Date of Procedure: _____ Allergies: _____

Precertification #: _____

No Lab Tests Required

- | | |
|---|---|
| <input type="checkbox"/> Anesthesiology Consultation (Patients with Medical or Surgical issues) | <input type="checkbox"/> MRSA Screen |
| <input type="checkbox"/> Hgb/Hct | <input type="checkbox"/> Urine HCG |
| <input type="checkbox"/> CBC without diff | <input type="checkbox"/> Serum HCG |
| <input type="checkbox"/> CBC w/diff | <input type="checkbox"/> Quant. HCG |
| <input type="checkbox"/> PT | <input type="checkbox"/> HBsAg |
| <input type="checkbox"/> PTT | <input type="checkbox"/> Sickle Cell Screening |
| <input type="checkbox"/> CMP | <input type="checkbox"/> Amylase |
| <input type="checkbox"/> BMP | <input type="checkbox"/> Lipase |
| <input type="checkbox"/> Blood Glucose | <input type="checkbox"/> Hepatic Panel |
| <input type="checkbox"/> FSBS Day of Surgery | <input type="checkbox"/> Other Lab _____ |
| <input type="checkbox"/> Uric Acid | <input type="checkbox"/> Type and Screen |
| <input type="checkbox"/> Urinalysis w/ Micro | <input type="checkbox"/> Crossmatch ___# units PRBCs |
| | <input type="checkbox"/> Crossmatch ___# units autologous Blood |
| | <input type="checkbox"/> Other blood products _____ |
| | <input type="checkbox"/> CXR |
| | <input type="checkbox"/> KUB |
| | <input type="checkbox"/> Other X-ray _____ |
| | <input type="checkbox"/> Ultrasound _____ |
| | <input type="checkbox"/> 12 lead ECG |
| | <input type="checkbox"/> PFT |

Blood for pre-transfusion testing must be drawn within 48 hours of surgery. Typed and Screened blood can only be held 48 hours.

Pre-Surgery Orders OPS (Outpatient Surgery) IP (Inpatient)

Vital Signs: Per Protocol Other _____

Diet: NPO NPO after _____

LR at KVO or 100ml/hr 200ml/hr _____ml/hr

NS at KVO or 100ml/hr 200ml/hr _____ml/hr

NS (500ml bag) at KVO via microdrip tubing for renal patient

Medications:

Pre-Op Antibiotic in ASU/OR holding area _____

Bacterial Endocarditis Prophylaxis: _____ Consult Pharmacy/Anesthesia

Ancef 1GM 2GM IV in OR

If PCN / B-Lactam Allergy OR **Patient at Increased risk for infection**

Vancomycin 1GM IV to be started within 120 minutes of incision
or

Cleocin 900MG IV to be started within 30 minutes of incision

Tylenol suppository by weight in ASU/OR

Other _____

Consult Anesthesia for post-op pain block
(Please note below if you would like a specific type of block considered for this patient)

Preparation:

Incentive Spirometry: Instructions/pre-admit

Thigh / Knee High TED hose

Sequential Compression Device in OR

Minimum Testing Guidelines (Anesthesia Service): These guidelines are suggested minimums. They are not replacement for medical judgment, and the patient's medical history and/or the proposed surgical procedure may indicate additional laboratory or diagnostic testing. **No pre-operative laboratory testing** is required for asymptomatic patients without significant medical problems who are less than 40 years of age.

ECG: Males aged 40 and above require an ECG. Females aged 50 and above require ECG

Pregnancy Test: A pregnancy test is required for all menstruating females, unless not indicated due to sterility. Serum HCG if blood is drawn for other tests, otherwise it will be a urine HCG.

Labs: CBC and BMP are required for patients age 65 and older. BMP is required for diabetic, renal and/or hypertensive patients. FSBS is required day of surgery in diabetic patients, except in patient who have a BMP done day of surgery.

Copies: A copy of a CXR and/or ECG completed in the past 6 months is sufficient in the absence of a change in the patient's health status. A copy of lab work completed in the past 30 days is sufficient in the absence of renal disease. Renal patients must have a K+ completed after their last dialysis treatment before the date of surgery.

IVF: Every patient over age 10 is required to have an IV of LR at KVO rate. Renal patients must have NS at KVO rate