

Department of Anesthesia



MedStar Georgetown
University Hospital

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Preoperative Evaluation Guidelines	9054
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Guideline: All patients scheduled for procedures requiring the services of the Department of Anesthesia should be evaluated and a determination made by qualified personnel whether preoperative testing is necessary. The following are guidelines that should be followed as part of the preoperative workup. The attending anesthesiologist may at any time waive any and all preoperative testing, if in their judgment, the risks of waiting for the tests outweigh the risk of proceeding.

These guidelines apply to all adult and pediatric (0-12 years) patients undergoing general or regional anesthesia or monitored anesthetic care (MAC). There are no requirements from the Department of Anesthesia for patients undergoing local anesthesia. At the discretion of the attending anesthesiologist, blood tests on pediatric patients may be deferred until post-induction.

ASA Guidelines:

- ASA 1, is a healthy patient with no medical problems
- ASA 2, is a patient who presents with stable medical problems, i.e. HTN, Asthma or Thyroid disease that is controlled on treatment
- ASA 3, is a patient with severe systemic disease that is not incapacitating
- ASA 4, is a patient with severe systemic disease which is a constant threat to life
- ASA 5, is a moribund patient not expected to live 24 hours with or without surgery

Timing:

1. All History and Physicals will be valid for up to thirty (30) days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
2. All Chest X-rays and ECG's will be valid for six (6) months prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
3. All Laboratory testing will be valid for up to one hundred eighty 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
4. No age specific testing is required. Testing should be based on a patient's disease and/or the procedure to be performed.

Non Laboratory Pre-Operative Evaluation:

1. All patients are required to have vital signs and admission weight taken prior to the surgical procedure to be used as a baseline guide.
2. All patients are required to have a complete a history and physical charted the day of the surgical procedure. On admission, physicians may refer to a 30 day-old or less history and physical. Pre procedure evaluation and findings are confirmed and updated before sedation.

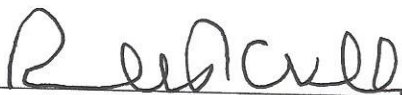
3. All patients are required to have signed a consent form for the surgical procedure.
4. All patients are required to have a complete Anesthesia evaluation on the Pre Operative Consultation form.

Screening PRIOR to Surgery:

Preoperative Test	Indication	Time Before Surgery
Hematology		
Hgb/Hct/Platelets	Routine CBC not indicated unless significant intra-op blood loss expected or patient has known anemia/polycythemia. Consider patients with significant liver dx, extremes of age, recent bleeding or hematological disorders	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
White Blood Cell Count (if not included in CBC)	Indicated if infection, myelodysplastic syndrome, leukopenia, leukocytosis suspected. Consider in patient with renal/hepatic dysfunction and invasiveness of procedure.	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Platelet Count (if not included in CBC)	Not indicated unless thrombocytosis or thrombocytopenia suspected. Consider in patient with renal/hepatic dysfunction and invasiveness of procedure.	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Coagulation Studies (PT/PTT/INR)	Indicated only if patients history suggests a coagulation disorder or if the patient is taking anticoagulants	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Electrocardiograms (ECG)		
	Routine pre-op ECG testing not indicated without a Hx of CV disease (CAD/Valve disease/Arrhythmias) or significant risk factors	ECG's will be valid for 6 months prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Blood Typing (T&S)		
	Obtained based on the Medstar GUH Guidelines for Surgical Blood Orders	

Chemistries		
Creatinine	Indicated in patients > 50y/o, known kidney disease, Diabetes, Vascular Disease, Lupus, use of diuretics or planned use of radiographic dye	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Electrolytes	Indicated in patients with a history of renal disease, malnutrition, gastric bypass, use of digoxin or diuretics	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Glucose	Indicated in patient with Diabetes, obesity, cerebrovascular or intracranial disease, poor exercise tolerance, or in patients taking steroids	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
HbA1c	possibly indicated in patients with Diabetes	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Liver Function Tests	Indicated in patients with hepatitis, known liver dysfunction, known cirrhosis	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Thyroid Function tests (TSH, T4, T3)	Indicated in patients with a history of Hypo or Hyperthyroidism if they have not been performed in the last six (6) months prior to surgery	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Pregnancy		
Pregnancy Testing	Indicated in all women of childbearing age (13-55y/o) unless they refuse testing, in which case it is noted in the medical record	
CXR		

Chest Radiographs	Indicated in patients with new cardiovascular or pulmonary signs or symptoms. May be indicated for smokers, recent URI, COPD and cardiac dx.	Chest X-rays will be valid for 6 months prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Additional Tests		
Therapeutic Drug Levels	Not indicated unless toxicity or non compliance is suspected	
Arterial Blood Gases	Indicated in patients who are hypoxemic ($SpO_2 \leq 90\%$) and in patients with severe lung disease, decompensated CHF, or musculoskeletal disorders which may impact ventilation	
Pulmonary Function Tests	Indicated in patients about to undergo lung resection, in patients to assess the efficacy of treatment or to determine if dyspnea is due to CV or Pulm pathology. Consider in patient with scoliosis with restrictive function.	
Urinalysis	Indicated if a UTI is suspected or Implants are to be placed	Valid for 180 days prior to the scheduled procedure date, if no inter-current illness or change in the patient's medical status occurs requiring them to be repeated.
Cardiology Consults		
	Indicated for patients with present or past history of coronary artery disease, congestive heart failure, significant arrhythmias or valvular disease	



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