

Department of Anesthesia



MedStar Georgetown
University Hospital

Title: Evaluation Guidelines for GI Procedures in the GI Suite Issued: November 30, 2004 Last Revised: May 2, 2005 Reviewed: April 17, 2015	Policy Number: 9061 Page(s): 1 Attachment: None
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Guideline: All patients scheduled for GI procedures requiring anesthesia services should be evaluated and a determination made by qualified personnel whether certain testing is necessary. The following are guidelines that generally should be followed as part of the anesthesia workup. The attending anesthesiologist, in consultation with the GI attending, may waive any or all testing, if the risks of waiting for the test outweighs the risk of proceeding. At the discretion of the anesthesiologist, blood tests on certain patients, such as pediatric patients, may be deferred until post-induction. In patients with serious unstable diseases, such as active cardiac and/or pulmonary disease, clearance from specialists may be required.

Screening Test PRIOR to Day of Procedure:

Pre-Procedure Test	Indication	Time Before Procedure
CXR	Under active treatment for cardiac/pulmonary disease	Within 2 weeks
EKG	Under active treatment for cardiac disease	Within 2 weeks
EKG	> age of 55	Within 6 months

Tests To Be Performed on DAY of Procedure:

Test	Indication
Hematology	
Hematocrit	Anemia, active bleeding, ESRD
PT/PTT	Anti-coagulation (only if bleeding anticipated)
Chemistry	
Electrolytes	ESRD, diuretics, digitalis, active N/V, endocrine disease,
Glucose	DM, TPN
Pregnancy test	See Pregnancy Screening Guidelines: Policy # 9052

Above stat tests are to be done by GI staff or PACU staff and read by anesthesiologists.

Non Laboratory Clearance:

Complete Anesthesia evaluation by Anesthesia team.


Russell T. Wall, MD
Chief of Service, Anesthesia