VIRTUA RECOMMENDED PREOPERATIVE LABORATORY TESTING GUIDELINES

It is well established that the best way to screen for disease is by history and physical exam, and there is usually lack of benefit from routine laboratory tests as a method for assessing patients preoperatively. In fact, lab tests are only effective as a screen for a disease when the patient has appropriate risk factors or to confirm a clinical diagnosis. Therefore, in an attempt to streamline the preoperative process and decrease inappropriate resource utilization, these lab test guidelines are suggested.

If a test is questionable, please consult a physician prior to ordering.

LEGEND

Key for Test Required:
EKG, CXR sufficient for 6 months
CBC, BMP, PT/INR/ PTT sufficient for 60 days
X = Obtain test
X[a] = Obtain test within 7 days
X[b] = Anesthesia orders labs/EKG day of surgery
? = Consider test

RECOMMENDED TESTING

	CBC	BMP	PT/PTT/INR	AST/Alk Phos	TSH	fT4	Drug Screen	EKG	CXR	Pregnancy Test	Pulmonary Function Test	Follow ESRD Protocol
LOW Risk Procedure												
Permanent Pacemaker or AICD								X				
D & E, D & C	X[a]											
End-Stage Renal Disease (ESRD)												X[b]
Women Age 12-50									X[a]			
INTERMEDIATE and HIGH Risk Procedures												
Age >50								X				
Permanent Pacemaker or AICD								X				
Women Age 12-50									X[a]			
Anemia/Hemoglobinopathy/Sickle Cell	X											
Bleeding disorder/Coagulopathy	X		X									
Cardiovascular disease: (CAD, CHF, HTN, Valvular Heart disease, Arrhythmias or PVD)	X	X						X				
COPD	X	X						X	?			
Diabetes		X						X				
Hepatitis/Cirrhosis/Alcohol abuse	X	X	X	X				X				
Drug Abuse Polysubstance Abuse							X					
Hyperthyroidism (symptomatic)						X[a]		X				
Hypothyroidism (symptomatic)					X[a]			X				
Parathyroid disease	Ca++											
Malignancy	X							X	?			
Renal Insufficiency OR ESRD	X	X						X				X[b]
Sleep Apnea or BMI >40	X	X						X				
Pneumonectomy Planned								X			X	
Drug Therapies												
Anticoagulants	X		X									
Chemotherapy	X											
Dilantin or Phenobarbital							X					
Digoxin		X					X					
Diuretic or Steroid		X										

Notes: Risk stratification of surgical procedures is a guide only and is not all-inclusive.

1. Low Risk Procedures: Cystoscopy/ureteroscopy, EGD/colonoscopy, Biopsies under local/MAC, Breast procedures (simple mastectomies, lumpectomy), Hand cases under MAC, Podiatry cases under MAC, Pain procedures (ESI, TFESI), Vein stripping, SQ Ports, Non-laparoscopic GYN (D&E, D&C, LEEP, Novasure), Cataracts, AV Fistulas under MAC

2. Intermediate Surgery: • CEA, Orthopedics, ECT, Prostate, Intraperitoneal/Intrathoracic, Head & Neck; Robotic Surgeries; Abdominal Hysterectomy.

3. Major Surgery: • Major Vascular (AAA), Peripheral Vascular (FemPop, etc), Cases with prolonged OR time and significant Hemodynamic Stress(e.g. complex intraabdominal cases, prolonged Neuro or spine, revision total joints, Whipple, cystectomy with ileal conduit or neo bladder, open nephrectomy, etc.)

The physician's own judgment is needed regarding patients with diseases not listed.

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PG. 3 of 3

Diagnosis **AND** Codes(s):

Procedure(s): Procedure Date:

Pre-Cert #: PAT Req.Date:

Primary Physician: Phone:

Patients having low risk procedures do not need any pre-procedure testing, unless with permanent pacemaker or AICD, with ESRD a female age 12 - 50

Patient Stamp

PATIENT: Date: Name: Age:

Date of Birth: Home Phone: ( ) Work Phone: ( )

Height: Weight:

Patients undergoing Intermediate or High Risk Procedures

	PLACE AN "X" IN THE BOX THAT APPLIES	Yes	No	Unsure
1.	a. Are you 50 years or older	❑	❑	
	b. Are you female between ages 12 and 50?	❑	❑	
	Drug Therapies			
2.	**Do you take any of the following medications:**			
	a. Blood Thinners Coumadin, Lovenox or any other (except Aspirin)	❑	❑	❑
	b. Chemotherapy Agents	❑	❑	❑
	c. Dilantin	❑	❑	❑
	d. Phenobarbital	❑	❑	❑
	e. Digitalis (Digoxin, Lanoxin)	❑	❑	❑
	f. Diuretics (Water pills)	❑	❑	❑
	g. Steroids (Prednisone, Cortisone)	❑	❑	❑
3.	Do you have a Permanent Pacemaker or an Implanted Automatic Cardioverter/Defibrillator (AICD)?	❑	❑	❑
4.	Do you have any of the following health related problems, conditions or diseases?			
	a. Renal Insufficiency or End Stage renal disease (Kidney failure)	❑	❑	❑
	b. Anemia, low blood count, Sickle Cell Disease or other blood disease?	❑	❑	❑
	c. Difficulty with blood clotting (bleeding excessively when cut or history of low blood platelets?	❑	❑	❑
	d. Heart Disease (blocked arteries of your heart or high blood pressure?	❑	❑	❑
5.	**Do you have any of the following conditions?**			
	a. COPD or Emphysema	❑	❑	❑
	b. Chronic cough	❑	❑	❑
	c. Wheezing	❑	❑	❑
	d. Shortness of breath with activity	❑	❑	❑
	e. History of sleep apnea?	❑	❑	❑
6.	Have you ever had any of the following medical problems:			
	a. Cancer	❑	❑	❑
	b. Parathyroid disease	❑	❑	❑
	c. Liver disease (Hepatitis, Cirrhosis, Alcohol abuse)?	❑	❑	❑
	d. Diabetes	❑	❑	❑
	e. Illicit drug use within the past 6 months	❑	❑	❑
7.	In the past 6 months have you experienced any symptoms from:			
	a. An overactive Thyroid?	❑	❑	❑
	b. An underactive Thyroid?	❑	❑	❑

	PLACE AN "X" IN THE BOX THAT APPLIES	Yes	No	Unsure
8.	Do you have any allergies to medications or Latex?	❑	❑	❑

Medication	Reaction

9.	Are you currently taking any medications, supplements, herbals or vitamins? *(Please list below)*	❑	❑	❑

Medication	Medication

10	Are you having knee or hip surgery?	❑	❑	❑
11.	Is there a possibility of pregnancy?	❑	❑	❑
	Date of last menstrual period:			
12.	Are you having colon surgery?	❑	❑	❑

PHYSICIAN'S USE ONLY:

❑	Is this an ERAS patient?	❑	❑	❑

☑ Nutritional Supplement in all colon surgery patients:
24 cans of Ensure Complete or Glucerna in diabetics

❑ Medical Consult: Dr.(s) ❑ SDS ❑ AM Admit

❑ Anesthesia Consult: ❑ Airway/Intub ❑ Post-op Epidural

❑ Pain Management Consult: Reason:

❑ Autologous Blood ____units Anesthesia Pref.

Additional Pre-admission Testing Orders:

PHYSICIAN: SIGN & DATE ORDERS ON PAGE 2

DO NOT WRITE IN THIS SPACE

PHYSICIAN: SIGN AND DATE ORDERS ON PAGE 2

Virtua Health **PRE-ADMISSION HEALTH SURVEY**

White - History/Physical Canary - Physician Orders

Diagnosis **AND** Codes(s):

Procedure(s): Procedure Date:

Pre-Cert #:_____ PAT Req.Date: _____

Primary Physician:_____ Phone: _____

Patients having low risk procedures do not need any pre-procedure testing, unless with permanent pacemaker or AICD, with ESRD a female age 12 - 50

Patient Stamp

PATIENT: Date:_____ Name: _____ Age: _____

Date of Birth: _____ Home Phone: ( ) _____ Work Phone: ( ) _____

* BMI information below Height: Weight:

Patients undergoing Intermediate or High Risk Procedures

PLACE AN "X" IN THE BOX THAT APPLIES	Yes	No	Unsure
1. a. EKG	❑		
b.Serum or Urine preg. within 7 days of proc.	❑		
Drug Therapies			
2.			
a CBC, PT, PTT, INR.	❑		
b. CBC	❑		
c. Dilantin Level	❑		
d. Phenobarbital Level			
e. BMP, Drug Screen	❑		
f. BMP	❑		
g. BMP	❑		
3.			
EKG	❑		
4. Do you have any of the following health related problems, conditions or diseases?			
a.			
CBC, BMP, EKG	❑		
b.			
CBC	❑		
c. Consult _____			
CBC, PT, PTT, INR	❑		
d.			
CBC, BMP, EKG	❑		
5. **Do you have any of the following conditions?**			
a.CBC, BMP, EKG	❑		
b. CBC, BMP, EKG	❑		
c. CBC, BMP, EKG	❑		
d. CBC, BMP, EKG Medical Consult	❑		
e.CBC, BMP, EKG	❑		
6.			
a. CBC, EKG	❑		
b.Ionized Calcium Level	❑	❑	❑
c. CBC,BMP, PT,PTT,INR, AST, ALK Phos, EKG	❑	❑	❑
d. BMP,EKG	❑	❑	❑
e. Drug Screen	❑	❑	❑
7.			
a. Free T4 (Obtain within 7 days of procedure)	❑	❑	❑
b. TSH (Obtain within 7 days of procedure)	❑	❑	❑

PLACE AN "X" IN THE BOX THAT APPLIES	Yes	No	Unsure
8. Do you have any allergies to medications or Latex?	❑	❑	❑

Medication	Reaction

9. Are you currently taking any medications, supplements, herbals or vitamins? *(Please list below)* ❑ ❑ ❑

Medication	Medication

10	MRSA/MSSA screening	❑	
11	Urine Pregnancy Test	❑	❑
	Date of last menstrual period:		
12	Albumin, Pre-Albumin, HgbA1C (diabetics)	❑	

PHYSICIAN'S USE ONLY:

ERAS Patient Orders: See extra Order Sheets ❑

☑ Nutritional Supplement in all colon surgery patients:
24 cans of Ensure Complete or Glucerna in diabetics

❑ Medical Consult: Dr.(s) ❑ SDS ❑ AM Admit

❑ Anesthesia Consult: ❑ Airway/Intub ❑ Post-op Epidural

❑ Pain Management Consult: Reason:

❑ Autologous Blood ____units Anesthesia Pref._____

Additional Pre-admission Testing Orders:

☑ If pt is scheduled for colon surgery perform Nutrition Education

☑ If the pt. is scheduled for a Pneumonectomy, an EKG and PFT's are required prior to procedure date.

☑ If the pt is scheduled for a D&E or D&C, a CBC is needed within 7 days of procedure

☑ If pg.1 is not completed by the pt., I authorize the PAT dept. to order appropriate lab and diagnostic tests based on patient's procedure, medical history and recommended preoperative testing guidelines.

☑ Complete Blood T&S according to Virtua Blood Bank & Surgical Services protocols.

☑

PHYSICIAN: SIGN AND DATE ORDERS ON PAGE 2

***BMI will be calculated by Pre-Admission Testing. If BMI is >40 these tests will ordered: CBC, BMP, EKG**

Registration: PAT Code V 72.84

Physician Name (Print): _____

Physician Signature: _____

Date/Time: _____

Virtua

Pregnancy Testing Walver

As a routine part of the pre-operative physical exam and testing, all females of child-bearing age are offered a pregnancy test. This test is free, painless and only takes a few minutes. As there are risks of anesthesia agents and procedure, the benefits of this simple test to potential mother and baby are enormous. Your physician can discuss these issues with you more thoroughly.

All patients, however, for reasons of privacy or otherwise, may refuse to have this pregnancy test performed. We ask only that you fully understand the potential risks of surgical intervention and anesthetic agents on the developing embryo and fetus as well as the material implications of procedure and sedation. We also ask that you be forthcoming in answering questions your doctor or nurse will ask of you regarding the time of your last menses, sexual activity, etc. Our goal is only one, providing the highest quality of medical care. If you have any questions, please consult your physician.

I have read the above and fully understand the implications of the procedure and anesthetic agents during pregnancy. I do not believe myself to be pregnant; and furthermore, do not wish to be tested for pregnancy.

X _____ _____

Signature of Patient / Legal Guardian Date

X _____

Relationship to Patient

_____ _____

Signature of Witness Date