

PROVIDENCE ALASKA MEDICAL CENTER

Subject: Anesthesia Pre-Operative Testing	Number: PAMC/MS 920-082
Approved by: Administrator: _____ Bruce Lamoureux	Original Effective Date: 11/06 Review Date(s):
Chief of Staff: _____ Ronald Christensen, MD	Revision Date(s): 12/07

I. PURPOSE/SCOPE:

To enhance patient safety by providing to healthcare providers in the peri-operative continuum of care the diagnostic information necessary to plan anesthesia services for a patient presenting for non-emergent services. To provide a clear standard for physicians, staff, and others to ensure that patients arrive for elective surgery with the diagnostic information necessary to perform safety oriented pre-anesthesia assessments.

II. POLICY:

In keeping with the philosophy and mission of Providence Health System, it is the policy of the Department of Anesthesia to ensure appropriate screening of patients is completed prior to giving anesthesia. Pre-op testing should be ordered by the surgeon. Any additional diagnostic studies considered necessary shall be ordered by the anesthesiologist. All outside test results should be delivered to the Providence Alaska Medical Center Admitting Department two days prior to scheduled surgical procedures. The Anesthesiologist will make a final review of the results prior to the scheduled procedure.

III. KEY INDEX WORDS:

- a. Hemoglobin
- b. Hematocrit
- c. Glucose
- d. Electrolytes
- e. BUN
- f. Creatinine
- g. Pregnancy test
- h. EKG
- i. X-ray

IV. DEFINITIONS:

None

V. SPECIAL CONSIDERATIONS:

None

VI. PROCEDURE:

THE FOLLOWING PREOPERATIVE DIAGNOSTIC STUDIES ARE GENERALLY CONSIDERED NECESSARY. RESULTS OF THE COMPLETED TESTS SHALL BE PLACED IN THE PATIENT'S PRE-OPERATIVE MEDICAL RECORD.

Diagnostic Studies:

- A. Electrocardiogram that is legible and interpreted (within 6 months of procedure) for patients who are/have any of the following:
 - 1. Age based (males older than 40 years and females older than 50 years)
 - 2. Cardiovascular disease (hypertension, angina, previous myocardial infarction, peripheral vascular disease, valvular heart disease, hyperlipidemia)
 - 3. Radiation therapy to the chest (past cancer treatments)
 - 4. Diabetes (males and females older than 30 years)
 - 5. Sickle cell disease
 - 6. Morbid obesity (BMI greater than 40)
 - 7. Renal impairment (renal failure, dialysis)

- B. Cardiologist evaluation (within 6 months)
 - 1. Cardiovascular compromise (dyspnea climbing less than 2 flights of stairs, dyspnea walking less than 2 blocks, recent increase in frequency or duration of angina, new changes on an electrocardiogram)

- C. Hemoglobin/Hematocrit (within 1 month)
 - 1. Age based (all less than 6 months and all greater than 65 years)
 - 2. Bleeding disorder (von Willebrand's Disease, coagulation factor deficiency)
 - 3. Cardiovascular disease (hypertension, angina, previous myocardial infarction, peripheral vascular disease, valvular heart disease, hyperlipidemia)
 - 4. Previous stroke
 - 5. Active bleeding (hematuria, hematochezia)
 - 6. Renal impairment (renal failure, dialysis)
 - 7. Anticoagulant use (warfarin, heparin)

- D. PT/INR, PTT, Platelet count (within 1 week of procedure)
 - 1. Bleeding disorder (von Willebrand's Disease, coagulation factor deficiency)
 - 2. Renal impairment (renal failure, dialysis)

3. Hepatic impairment (hepatitis B or C, cirrhosis, history of elevated liver enzymes)
 4. Anticoagulant use (warfarin, heparin)
 5. Planned epidural catheter placement for post-op pain control (within 48 hours)
- E. Electrolytes (Na, K, Cl, CO₂) (within 1 week)
1. Endocrine disorders (diabetes, thyroid dysfunction, adrenal insufficiency)
 2. Renal impairment (renal failure, dialysis) (day of surgery)
 3. Diuretic use
- F. ALT, AST, Albumin, Bilirubin (total and/or direct), Total protein (within 1 week)
1. Hepatic impairment (hepatitis B or C, cirrhosis, history of elevated liver enzymes)
- G. Glucose (on day of procedure)
1. Diabetes
 2. Morbid obesity (BMI greater than 40)
 3. Chronic oral steroid use
- H. BUN/ Creatinine (within 1 week)
1. Diabetes (males and females older than 30 years)
 2. Renal impairment (renal failure, dialysis)
- I. Pregnancy test (within 4 days of procedure, qualitative serum BHCG (or urine if tested at PAMC))
1. All menstruating females (except post bilateral tubal ligations)

VII. PROCEDURE:

- A. **RNs' responsibilities:**
1. Verify diagnostic testing is complete (as ordered), and results are available in medical record.
 2. Contact anesthesiologist, or anesthesiologist's delegate if results are not accessible or are +/- 10 % outside of the normal range.

VIII. CROSS REFERENCE:

Pre-Op Lab Orders (PAMC Form 7022-049)

End of Policy

This policy replaces PAMC 938.271, effective date 11/13/06