

Wise Health System - Premier Anesthesia

MINIMAL PREOP TEST REQUIREMENTS - **APPLIES to all GENERAL CASES and ENDOSCOPY CASES if ≥ 3 COMORBIDITIES**

X - do at PAT appt. X - do DOS.	CBC	BMP	EKG	CMP	PT/INR/PTT	CXR	Drug Level	HCG	UDS
<b>AGE/GENDER RELATED</b>									
Adult	X - if blood loss procedure								
Adult >= 60yrs			X						
Female, menstruating (any age)								X-Urine DOS*	
<b>SYSTEM RELATED</b>									
Bleeding Disorder	X				X				
Infectious Disease process, confirmed or suspected	X								
Cardiac Disease, including Dysrhythmia		X	X						
Diabetes		X - and glucose DOS							
Sleep Apnea, Morbid Obesity with BMI >40, Activity Intolerance or SOB w/exertion, or COPD.			X						
HTN, BP>=160/90, with or w/o history			X						
End Stage Renal Disease	X - on DOS	X - on DOS							
Liver Disease	X			X	X				
Respiratory-worsening symptoms						X			
<b>DRUG RELATED</b>									
Anticoagulants: Coumadin, Heparin	X				X and PT - DOS				
Anti-hypertensive's		X	X						
Digoxin		X	X				X		
Dilantin, Depakote, Lithium, Theophylline							X		
Diuretics		X-within 1 wk of procedure Or draw DOS if >1wk							
Steroids		X							
Current or past illicit drug use									X - if used within last month. Notify Anesthesia if + (unless + THC only)
<b>Additional Preop Anesthesia guidelines:</b>									
1. All patients over age 55 should complete Full Preop Assessment, in person.									
2. Phone Preops may be completed on patients who: live > 50 miles from the surgical facility; currently reside in LTC/NH/Rehab; are rescheduled within 30 days, due to non-medical reason, after completion of a Full Assessment; have had a previous procedure within last 30 days with no issues identified preop; and Pediatric ENT and/or Dental patients.									
3. Phone preops who require new or repeat preop testing will be instructed to report to admissions, prior to the DOS, to complete as an outpatient.									
4. Repeat EKG: Not needed if done within 6 months of procedure, on medical record, & no acute symptoms or change in the patient's condition (even if last on record abnormal).									
5. Repeat CXR: Not needed if done within 1year of procedure, on medical record, & no acute symptoms or change in the patient's condition (even if last on record abnormal).									
6. Anesthesia evaluation needed, at PAT appt, on patients : a. Chest pain <1 year b. Worsening of Pulmonary, CHF, or Neurological S/S c. Surgeon Request									
7. Hold X7 days: Phentermine, Thrive, & all other diet aids. If unable to meet this criteria, Anesthesia will be notified and will confer with surgeon regarding treatment plan. (OK to take Adderall for ADD!)									
8. Lab values to report: K+ <3.3 or >5.5, Na+ <130, Creat >2.0 without history of Renal Failure, and/or elevated Digoxin level.									
9. Midline/PIC Consult Preop if patient is determined to be difficult IV access. (Fax order to 940-626-1283)									
10. Instruct patient to bring CPAP machine only if general anesthesia or overnight stay anticipated.									
11. Labs are good for up to 30 days of procedure except those outlined on grid. (Note: labs are only good 2 weeks prior for Cath Lab patients.)									
12.*May do serum pregnancy if easier to obtain. If urine pregnancy test is positive then do serum. If previous hysterectomy or post-menopausal > 1 year do not do pregnancy test.									
13. Follow approved Preop Medication Guidelines regarding meds patient needs to hold or take preoperatively.									
14. MAC patients, with scheduled pain management or routine/screening Endoscopy: NO PREOP TESTING except what is ordered by the patient's surgeon/physician.									

When in doubt confer with anesthesia!

Revised 5-25-2017 with Chief of Anesthesia approval.