

PREOPERATIVE TESTING

Evidence-Based REQUIRED Pre-Operative Testing - **DOES NOT** Replace the Specialist H&P

DUKE ACTIVITY INDEX (cardiopulm functional status) Patient needs to be able to complete activities without symptoms of shortness of breath, chest pain or lightheadedness, etc	>4 METS		Less than 4 METS	Unable to assess
	Strenuous sports Swimming, singles tennis, football, basketball, skiing	1 flight stairs / walk uphill moderate sports (brisk walking (4mph), golf, bowling, dancing, doubles tennis, throwing baseball or football)	Eat, dress, toilet walk indoors (House) walk 1-2 blocks level ground (2-3mph) light house work (dust, dishes)	
	NO cardiopulmonary testing required (Order surgery & condition specific tests)		Cardiopulmonary statement REQUIRED (Order surgery & condition specific tests)	

PROCEDURE RISK	CBC	BMP	PT/INR	β-HCG	EKG	Additional Information
CATARACT / Basic Eye Surgeries	Specialist H&P only					
Low Risk Surgery (superficial / breast / endoscopy / arthroscopy / podiatry)	Specialist H&P only NO routine Preoperative or Cardiopulmonary testing required (review for PMHx – see PATIENT CONDITION SPECIFIC needs)					
Intermediate Risk Surgery (lap intraperitoneal or intrathoracic / CEA / H&N / ortho joint replacement / 1-2 level decompression / TURB / TURP / lap prostate)		*			*	NO routine testing required * See PATIENT CONDITION
High Risk Surgery (colectomy / open abdominal / Whipple / flap reconstruction / aortic / peripheral or major vascular / joint revisions /spine fusions)	✓ <6mo	✓ <6mo	✓ <6mo		✓ <6mo	Most current testing within 6months unless otherwise dictated by disease

PATIENT CONDITION SPECIFIC	CBC	BMP	PT/INR	β-HCG	EKG	other REQUIRED Information
COPD & short of breath or on O2						Pulmonary mgmt statement
Active Cardiac dz (MI<6wks, s/p recent stent, CAD, presyncope, decompensated CHF, angina, chest pain or CVA within previous month, arrhythmia, severe valve dz)		✓			✓	Statement of Cardiac stability and optimization REQUIRED
Diabetes mellitus (age > 18)					*	Perioperative Medication management
Females age 13-50 years (exclude s/p hysterectomy only)				✓ <72h		Stop OCP/HRT x 4wks for procedures w/ thromboembolic risk
Chronic warfarin / Plavix / Coagulopathy (liver dz)	✓ <24hr		✓ <24hr			Perioperative medication plan including bridging if needed
Dialysis / ARF / CRF (Cr >2.0)	✓ <6mo	✓				Dialysis Schedule (dates of service)
Diuretics / Digoxin		✓				

SPECIFIC DETAILS REGARDING INDIVIDUAL TESTS:

Type & Screen/Cross: As required by procedure, anticipated blood loss and patient condition (e.g. severe anemia).

CXR: Not required for most patients. Document clinical indication (e.g. acute respiratory disease, acute CHF).

U/A and CMP: Not required for most patients. Document clinical indication (e.g. chronic UTI, h/o metabolic derangements).

MRSA Surveillance: As required by facility

• **While no tests are REQUIRED for clearance**, certain tests may aid in post-operative management and should be considered on a case by case basis / **EKGs & labs in absence of known risk** – discussion of responsibility with anesthesia or specialist