

## Required for all Moderate Risk Cases

**Procedure based indications - Moderate (Ex Arthroplasty, intraabdominal, laminectomy, hip/knee replacement, cholecystectomy)**

Moderately invasive procedure, poss. EBL < 1500cc, typically short to intermediate duration

	ECG	CBC	BMP	PT PTT	LFT	Mg	Transf. + Alb	U/A	U HCG	CXR	T&S	Other	A.M. Labs
Moderate Risk		X											
Any procedure with insertion of hardware or foreign material/graft								X				Urine Cx	

## Add the Following for Disease Based Indications

(and include above labs)

Disease-based Indications													
	ECG	CBC	BMP	PT PTT	LFT	Mg	Transf. + Alb	U/A	U HCG	CXR	T&S	Other available	A.M. Labs
Female of child-bearing age									X				
Age > 65yrs			X										
Asthma / COPD													
Bleeding disorder (hemophilia, VwD, ITP)				X								Eval by hematologist	
Cardiovascular, Vascular or Valvular Disease	X		X										
Coumadin (warfarin)				X*									possible a.m. PT
Diabetes	X												a.m. accucheck
Diuretics (lasix, hydrochlorothiazide etc.)			X										
Hypertension	X												
Heart Failure (CHF)												Assesment of EF or cardiac consult	
severe liver disease, cirrhosis, ETOH abuse			X			X							
Plavix (clopidogrel)													
Pulmonary HTN, Cardiac Valvular dx, congenital hx disease	X											Echo, cath or cardiac consult	
Renal Insufficiency Cr> 2.5 or Failure	X		X										poss am K
Stroke	X												
Thyroid disease if on meds, stable and asymptomatic													
Thyroid disease if new, untreated or symptomatic												TSH	
Unplanned Significant Weight loss						X	X						
Obstructive Sleep Apnea	X											room air SAO2 if <91 cardiac eval or echo	
BMI > 40	X		X									room air SAO2 if <91 cardiac eval or echo	
Hx of Gastric Bypass			X			X							
Poor work tolerance < 4 mets	X												

ECG within last 12 months is acceptable assuming clinically stable.

For a stable medical condition lab values are relevant for 3 months or since last significant medical event (e.g. missed dialysis, recent initiation of diuretic therapy, abnormal bleeding) whichever is less.

These are guidelines only. Clinical judgement and extreme situations may require more or less testing

\*PT or INR alone sufficient for coumadin



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