

Sibley Memorial Hospital Pre-Surgical Testing Center Orders

Phone: 202-537-4437 Fax: 202-364-7639

Patient Identification: _____ Patient Name _____ [DOB] _____
 Patient's Contact Information: _____ [Home] _____ [Cell] _____ [Work] _____
 Patient's Home Address: _____
 Email: _____

Planned Procedure: _____
 Date of Surgery: _____ Surgeon: _____

Fax this order form to PSTC 202-364-7639 as soon as possible **after** case is scheduled.

If patient is to have H&P done by PCP, **fax a copy to the PCP** to indicate what testing is to be done.

Completed H&P and all outside test results must be faxed to PSTC no later than 3 days prior to surgery date.

Pre-Operative Orders for the day of surgery **MUST** be entered directly into Epic at least 24 hours prior to surgery.

** Diagnosis: Please check ALL diagnosis codes that apply and enter additional codes as needed for lab justification**			
ICD:		ICD:	
<input type="checkbox"/> Z01.818 Pre-op Exam Unspecified	<input type="checkbox"/> Anemia (specify type & code)	<input type="checkbox"/> D68.9 Coagulation defect	<input type="checkbox"/> I25.9 Ischemic Heart Disease

PRE-ANESTHESIA TESTING PROTOCOL

General Guidelines
• All pre-op lab work and tests must be completed at least 72 hours before the day of surgery and results must be in PSTC
• H&P is required for all patients and must be within 30 days of surgery and updated the day of surgery
• Known diabetics require a finger stick fasting serum glucose evaluation on day of surgery
• PT/PTT required for patients with leukemia; chronic liver disease; recent chemotherapy; history of bleeding disorder; and anticoagulant therapy. Patients on Coumadin therapy require a PT/INR on day of surgery
• Dialysis patients require electrolytes within 24 hours of surgery and/or after last dialysis
• BMP required for patients on diuretics
• HgbA1C required for all diabetics
• CBC required for all patients requiring a Type & Screen / Type & Prepare except for D&C
• Estimated GFR required for all patients on DOACs (part of most BMPs)
• Lab work completed within 6 weeks of surgery is acceptable if patient's condition has been stable
• Lab tests exceeding requirements not completed before the day of surgery may be waived by Anesthesia
• EKGs are good for 6 months unless new or changing symptoms
• Patients with an ICD must have documentation from a cardiologist indicating the device has been interrogated within 3 months of date of surgery and a recommended plan of care for during surgery
• Patients with non-orthopedic, non-plastic surgical implants (e.g. deep brain stimulators, spinal cord stimulators) should have the devices cleared for surgery.

Procedure Category	<input type="checkbox"/> Minimally Invasive Minimal expected blood loss	<input type="checkbox"/> Moderately Invasive Expected EBL less than 500cc	<input type="checkbox"/> Highly Invasive Expected EBL greater than 500cc
Healthy Asymptomatic	<input type="checkbox"/> EKG (Pt >65 years or older)	<input type="checkbox"/> EKG (Pt >65 years or older)	<input type="checkbox"/> EKG <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> Flag for Anesthesia Review
Medically Managed Stable	<input type="checkbox"/> EKG (Pt >65 years or older)	<input type="checkbox"/> EKG (Pt 50 years or older) <input type="checkbox"/> CBC	<input type="checkbox"/> EKG <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> PT / INR <input type="checkbox"/> Type and Screen <input type="checkbox"/> Flag for Anesthesia Review
Major Co-Morbidities	<input type="checkbox"/> EKG (Pt 50 years or older) <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> Type and Screen	<input type="checkbox"/> EKG <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> PT / INR <input type="checkbox"/> Type and Screen	<input type="checkbox"/> EKG <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> PT / INR <input type="checkbox"/> Type and Screen <input type="checkbox"/> Flag for Anesthesia Review

Major Co-Morbid Examples		
<ul style="list-style-type: none"> Cardiovascular disease with two or more known risk factors: Age greater than 75; History of ischemic heart disease; History of CHF History of CVA or TIA History of Insulin Treatment 	<ul style="list-style-type: none"> Creatinine greater than 2 Hepatic Insufficiency Renal Insufficiency Malignancy with ongoing chemotherapy 	<ul style="list-style-type: none"> Pulmonary disease with severe debility Metabolic disorder with chronic infection and/or protein malnutrition Anti-coagulant use
Procedure Categories - Examples		
Minimally Invasive: <i>Procedure with little or no blood loss.</i> <i>Minimal risk independent of anesthesia</i> Adenoids Anal fissure / Hemorrhoidectomy Arthroscopy Biopsy – skin / breast Breast augmentation D&C Eye Surgery Hand Surgery Hernia Repair Hysteroscopy Portacath Septoplasty Tubal Ligation TURBT	Moderately Invasive: <i>Procedure with EBL less than 500cc.</i> <i>Mild risk independent of anesthesia</i> Abdominal Liposuction Breast Reduction / Reconstruction Cholecystectomy Colon Resection Face Lift Hysterectomy Mastectomy Oophorectomy ORIF Hip / Femur Prostatectomy Rotator Cuff Tonsillectomy, UPPP Thyroidectomy TURP	Highly Invasive <i>Procedure with EBL greater than 500cc</i> <i>Major risk independent of anesthesia</i> Carotid Total Joints Thoracotomy

Blood Product Preparation

- Type and Screen (if not ordered above)
 - Prepare Red Blood Cells (Crossmatch)
 - Number of units: 1 2 3 4
 - Special Requirements: Leukoreduced Irradiated CMV Negative Sickle Cell Negative Washed
- For any other blood products use the Outpatient Orders Blood Product Preparation and Administration**

If platelets are required please call anesthesia. Patients who require specific pro/anticoagulant medications or precautions for a known existing coagulopathy should receive hematology clearance and recommendations.

Specific Individual Tests: For other laboratory test(s) use the Sibley Outpatient Lab Requisition Form

- EKG CBC CMP BMP PT / INR APTT
- HgbA1C Est. GFR
- Urine Pre-Op (Urinalysis with Microscopic and Urine culture)
- MRSA Surveillance Culture
- X-Ray Chest PA and Lateral: Indication: Pre-Operative Evaluation

Outpatient Pre-Surgical Referrals

- Anesthesiology: Pre-operative Evaluation (Consultation- Must be completed at least 48 hours before surgery)
- PSTC Nurse Practitioner: Pre-Operative Evaluation for History & Physical
- Acute Pain Physician (for those patients on chronic higher dose opioids. See below. Please allow for extra lead time for elective surgery)
- History & Physical to be performed by PCP Name: _____
- Pre-Operative Testing to be performed by an outside lab

Ordering Provider's Signature _____ / ID # _____ Date _____ Time _____
 Contact Number of Ordering Provider _____

Patients who should receive pain consult: 1) Taking opioid equivalents oral morphine 80mg daily. (Morphine (MS-contin, morphine sulfate, MS-IR) – 80mg, Oxycodone (Percocet, oxycodone, Oxycotin) – 50mg, Hydrocodone (Norco, Vidocin, Zohydro ER) – 80mg, Hydromorphone (Dilaudid, Exalgo) – 18mg, Oxymorphone (Opana, Opana ER) – 30mg). (All doses are the 24 hours dosage equivalent to 80mg morphine. Individuals at or above these daily doses should be considered opioid tolerant. If a patient is on a combination of 2 different medications, add the 2 equivalents together and see if it is equal to or above 80mg morphine. For example, if someone is on 30mg oxycodone daily (which is about 50mg morphine equivalents, given that 50mg oxycodone equals 80mg morphine) PLUS 50mg Hydrocodone (which is about equivalent to another 50mg morphine, given that 80mg hydrocodone equals 80mg morphine), then this person is a total of 100mg morphine equivalents daily). 2) Patients taking opioid agonist or agonist/antagonists (e.g. suboxone, revia, vivitrol, contrive)

If patient has a personal community pain physician or pain medication prescriber please provide contact info
 Name _____ Telephone _____

