



Houma Outpatient Surgery Center, AAAHC ACCREDITED

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Houma Outpatient Surgery.com

### **Parish Anesthesia Pre-Operative Testing Guidelines**

**CHEMISTRIES:** *When indicated, the studies below should be obtained within one week of surgery.*

1. No routine chemistries are necessary for the healthy patient.
2. Potassium for patients on: Diuretics, Chronic Renal Failure, History of recent Diarrhea, Chronic Renal Failure, History of Anorexia or Bulimia
3. BUN/Cr for patients on: Diuretics or Chronic Renal Failure
4. LFT's for patients with: Liver failure or a recent bout of Hepatitis
5. Glucose for patients with Diabetes
6. Serum Chemistries (M-7): Renal disorders, Adrenal or Thyroid disorders, DM, Diuretic, chemotherapy or treatment that may affect chemistries, surgical category 5.
7. CBC (within 1 month) for patients with: Heme disorder, vascular procedure, chemotherapy, surgical procedure.

### **HEMATOLOGIC STUDIES:**

1. Hematocrit/Hemoglobin for patients with:
  - a. With history or suspicion of anemia.
  - b. Who are undergoing procedures where significant blood loss is expected (Abdominoplasty, etc.)
2. There is no reliable screening test to assure adequacy of coagulation. A bleeding time may be useful for patients with recent (2 weeks) aspirin ingestion, and a PT is indicated for patients on Coumadin.

### **ELECTROCARDIOGRAM:**

*If there aren't intervening cardiac symptoms, an EKG within last (6) months is acceptable.*

1. Age 50 or older, HTN, DM, and over 40 with cardiovascular disease or >2 risk factors for CAD, significant renal, thyroid, or other metabolic disease, and surgical category 5.

**CHEST X-RAY:** *(Even if the patient has asthma, if they are not symptomatic, they do not need a CXR.)*

1. Chest X-Ray (within 1 year) is needed if patient has a symptomatic lung disease or is going to have pulmonary or cardiac operation.

**URINALYSIS:** Routine urinalysis is not necessary.

**DRUG LEVELS:** Drawn on symptomatic patients taking theophyllinum, digoxin, Lithium, anti-arrhythmics, or anticonvulsants.

**PREGNANCY TEST:** For sexually active females post-puberty or unsterilized.

***Guidelines imply that no lab tests needed for the asymptomatic male 45 and younger or asymptomatic female 55 and younger with normal H & P.***



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**Parish Anesthesia Guidelines for Medical Clearance in the Outpatient Surgery Setting**

Patients with stable, non-debilitating conditions will not need medical clearance if they have complete diagnostic work up as indicated and the patient has a regular physician or specialist that manages the patient’s care.

Patients with unstable or debilitating medical conditions require medical, cardiac, or pulmonary clearance, i.e.

- MI, angioplasty within 6 months
- Significant arrhythmias or symptomatic valvular heart disease
- History of C.H.F.
- Frequent or unstable angina
- Frequent hospitalizations or E.R. visits for asthma
- Insulin dependent diabetics with comorbid disease like HTN or Coronary Artery Disease
- C.V.A. or T.I.A. within the last year
- Severe sleep apnea requiring C.P.A.P.

- Strong consideration should be given to scheduling this type of patient in a hospital setting.

- Patients should be interviewed and have test results and clearance available at least 48 hours prior to surgery.

- An anesthesiologist must review the chart and, if needed, discuss the case with the surgeon at this time, in order to give approval to proceed with the case.

**“NPO” GUIDELINES (Please apply to all ages)**

<b><u>Ingested Material</u></b>	<b><u>Minimum Fasting Period</u></b>
- Clear Liquids (water, fruit juices without pulp, carbonated beverages, sports drink, tea)	2 Hours
- Breast Milk	4 Hours
- Non-human Milk	6 Hours
- Light Meal (toast and clear liquids)	6 Hours
- Full Meal (fried or fatty foods, or a “large meal”)	8 Hours

*\* Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures, A Report by the American Society of Anesthesiologists*