



AMBULATORY SURGERY UNIT
LAB & DIAGNOSTIC TESTS



Pre-Surgery Diagnosis: Scheduled Procedure:

Date of Procedure: Allergies: Precertification #: Weight

No Lab Tests Required Anesthesiology Consultation(Patients with Medical or Surgical issues)

- Grid of lab test checkboxes including Hgb/Hct, CBC, PT, PTT, CMP, BMP, Blood Glucose, FSBS, Uric Acid, Urinalysis, Urine HCG, Serum Pregnancy, Quant. HCG, HBsAg, Sickle Cell Screening, Amylase, Lipase, Hepatic Panel, COVID Swab, Other Lab, MRSA Screen, Type and Screen, Crossmatch, Other blood products, CXR, KUB, Other X-ray, Ultrasound, 12 lead ECG, PFT, Urine for nicotine day of surgery.

Blood for pre-transfusion testing must be drawn within 48 hours of surgery. Typed and Screened blood can only be held 48 hours.

Pre-Surgery Orders OPS (Outpatient Surgery) IP (Inpatient) Unknown Length of Stay

Vital Signs: Per Protocol Other

Diet: NPO NPO after

- LR at KVO or 100ml/hr 200ml/hr ml/hr
NS at KVO or 100ml/hr 200ml/hr ml/hr
NS (500ml bag) at KVO via microdrip tubing for renal patient

PRP Draw in ASU
10,000 units of Heparin added to the syringe

Pre Op Antibiotics:

Pre-Op Antibiotic in ASU/OR holding area

Bacterial Endocarditis Prophylaxis: Consult Pharmacy/Anesthesia

Ancef on call to OR (Pharmacy to dose per weight, start 60 minutes of incision)

2gm IVPB x 1 for pt weight < 120kg
3gm IVPB x 1 for pt weight >= 120kg

If Allergy to PCN/Beta - Lactam

Vancomycin on call to OR (Pharmacy to dose per weight, start 120 minutes of incision) Pharmacy to renal dose

Vancomycin 1gm IVPB x 1 for pt weight < 70 KG
Vancomycin 15mg/kg IVPB x 1 for pt weight >= 70 KG (Maximum dose 2 Grams IVPB)

OR

Cleocin 900mg IVPB x 1 on call to OR (Start 30 min of incision)

Pediatric Patient Pre Op Antibiotics

Ancef weight based per Pharmacy on call to OR (Start within 60 min of incision)

If allergic to Ancef notify MD for alternative.

Other:

LAST, FIRST MNAME ROOM-BED s
V1234 t 04/30/2008 M1234 m
04/30/2008 00M 07D





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Pre Op Medications:

- Heparin 5,000 Units SubQ
- Acetaminophen (Tylenol) suppository by weight in ASU/OR 15mg/kg (Max 650mg)
- Acetaminophen (Ofirmev) 1000 mg IVPB on call to OR
- Ibuprofen (Caldolor) 800 mg IVPB (on-call to OR)
- Ketorolac (Toradol) 30 mg IVP x 1 (on-call to OR)
- Gabapentin 300 mg PO x 1 pre-op
- Scopolamine Patch 1.5 mg
- Other _____

- Tranexamic Acid 1 gram IV on call to OR
 - Before Incision
 - After Incision
- Tranexamic Acid weight based 15 mg/kg IV on call to the OR.
- Consult Pharmacy for Pediatric Tranexamic Acid IV Dose.
- Nozin 1 pre op application of 2 ampules –swab each nostril with each ampule within 1 hour prior to surgery.

Consults:

- OT/PT Consult
- Care Management Consult

Consult Anesthesia for post-op pain block

- Yes No (Type of block) _____

Preparation:

- Incentive Spirometry: Instructions/pre-admit
- Thigh / Knee High TED hose
- Sequential Compression Device applied and turned on in OR
- Patient Education

Minimum Testing Guidelines (Anesthesia Service): These guidelines are suggested minimums. They are not replacement for medical judgment, and the patient’s medical history and/or the proposed surgical procedure may indicate additional laboratory or diagnostic testing.

No pre-operative laboratory testing is required for asymptomatic patients without significant medical problems who are less than 40 years of age.

ECG: Males aged 40 and above require an ECG. Females aged 50 and above require ECG

Pregnancy Test: A pregnancy test is required for all menstruating females, unless not indicated due to sterility. Serum HCG if blood is drawn for other tests, otherwise it will be a urine HCG.

Labs: CBC and BMP are required for patients age 65 and older. BMP is required for diabetic, renal and/or hypertensive patients. FSBS is required day of surgery in diabetic patients, except in patient who have a BMP done day of surgery.

Copies: A copy of a CXR and/or ECG completed in the past 6 months is sufficient in the absence of a change in the patient’s health status.

A copy of lab work completed in the past 30 days is sufficient in the absence of renal disease. Renal patients must have a K+ completed after their last dialysis treatment before the date of surgery.

IVF: Every patient over age 10 is required to have an IV of LR at KVO rate. Renal patients must have NS at KVO rate

Physician Signature

Date / Time