

PAT DIAGNOSTIC STUDY INDICATIONS

Diagnostic Study	Indication
Hemoglobin	Expected blood loss >1500 cc Symptoms of or known significant anemia
WBC	Myelotoxic meds (including chemotherapy) Myeloproliferative/hematologic disorder Symptoms of infection
Platelets	Bleeding history Myeloproliferative/hematologic disorder Myelotoxic meds (including chemotherapy) Hep C and/or liver disease
PT/INR	Bleeding history Liver disease Active anticoagulant use Malnutrition Long-term antibiotic use
PTT	Bleeding history
Electrolytes	Renal insufficiency CHF Medications affecting electrolytes Adrenal disease
Renal function (Creatinine)	DM HTN CHF Medications affecting renal function (including planned contrast) Urologic procedures
Glucose	Suspected metabolic syndrome DM
Glycohemoglobin	DM and no A1C within 6 months DM, poor control or uncertain control and no A1C for 3 months
Liver function	Known or suspected liver disease
Urinalysis (Not required for anesthesia)	Patients with signs/symptoms of infection Urologic procedures
ECG (6 wks if active cardiac symptoms)	Known CAD (within 6 weeks of surgery) No known CAD with cardiac risk factors- Within 6 months of surgery <i>Risk factors</i> Any of: DM, CHF, cerebrovascular disease, chronic renal insufficiency Any high risk surgery: cardiac or vascular procedures, prolonged surgery (>4 hrs), anticipated significant blood loss Known arrhythmias, Prolonged QT or medications that prolong the QT interval
Echocardiogram	See "Guidelines for Preoperative Echocardiography"
Cervical Spine X-Ray (Every 5 years)	RA/ Inflammatory arthritides: within 2 yrs for patients with signs/symptoms of erosive disease (rheumatoid nodules or other markers of severity, drug therapy) Down Syndrome: if no previous films available RA and Down Syndrome: new neurologic signs/symptoms, any abnormalities on previous films, procedure requires the head and neck to be in non-neutral position
Chest X-Ray	Acute pulmonary symptoms or unstable chronic cardiac/pulmonary disease

For patients seen in PAT, providers order diagnostic studies as above and by clinical judgment. Additional studies may be ordered and done at the time of the PAT visit if ordered in EPIC by the referring surgeon. Labs are obtained within 6 months of surgery for patients who are medically stable. For unstable medical problems, labs are obtained within 2 weeks and at the discretion of the provider.