



SURGICAL PRE-OPERATIVE TEST ORDER



For MEDITECH® Expanse sites, please enter 'Day of Surgery Orders' electronically

Patient surname (legal):				
First name (legal):		Preferred name:		
Date of birth (DD/MM/YYYY):			PHN:	
Primary procedure:				
Name of Provider or Surgeon:				
<input type="checkbox"/> Not applicable for this patient		<input type="checkbox"/> Non FH results attached		<input type="checkbox"/> Refer to previous FH results
Pre-Operative Lab Orders			OR date (DD/MM/YYYY):	
<input type="checkbox"/> Hematology profile <input type="checkbox"/> INR <input type="checkbox"/> PTT <input type="checkbox"/> RH (D) typing <input type="checkbox"/> Group and screen <input type="checkbox"/> Creatinine		<input type="checkbox"/> Urine pregnancy <input type="checkbox"/> Fasting glucose <input type="checkbox"/> Random glucose <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Albumin		Allergies
Blood Products			Cardiology Orders: <input type="checkbox"/> ECG	
<input type="checkbox"/> Autologous donation _____ <input type="checkbox"/> Cross match (number) _____ units <input type="checkbox"/> Other blood products			Pre-Operative Antibiotics	
Other orders:			<input type="checkbox"/> See provider orders and directives DRDO103161	
Pre-Operative Medical Imaging Orders			Other Pre-Operative Orders	
<input type="checkbox"/> Chest X-ray <input type="checkbox"/> Other:				
Consult Orders				
<input type="checkbox"/> Anesthesiology consult as required <input type="checkbox"/> Social Work required <input type="checkbox"/> Home care required				
Day of Surgery Orders				
<input type="checkbox"/> Fasting glucose <input type="checkbox"/> Accucheck <input type="checkbox"/> INR				
Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name	College ID#

SURGICAL PRE-OPERATIVE TEST ORDER

Instructions for: Surgical Pre-Operative Test Order

1. Discontinue routine pre-operative testing.
2. Perform pre-operative tests when indicated by the patient's history, physical examination, specific procedure, or type of anesthesia administered.
3. If a patient recently had any of the following tests at a DAP (Diagnostic Accreditation Program) accredited BC facility and, the results are available and within normal limits do **not** retest.

Exceptions:

- if their clinical status has changed significantly – consider retesting
- for Implantable Cardiac Electrical Device procedures – refer to the Implantable Cardiac Electrical Device – Pre Procedure (Step 1 of 2) – Pre Printed Order (DRDO104949)

Pre-operative test to be considered for common clinical problems and symptoms:

Patient Category	Test
Neonates and infants up to one year	Hemoglobin
Women who cannot rule out pregnancy	Urine pregnancy test
Women with hypermenorrhea	Hemoglobin
Pregnant women undergoing procedures where they may be exposed to fetal red blood cell antigens	Rh(D) typing
Cardiovascular disease/risk factors (e.g., diabetics greater than 40 years of age, patients greater than 60 years of age subarachnoid or intracranial hemorrhage, cerebrovascular accident)	ECG
Head trauma	EEG
Pulmonary disease	Chest x-ray
Malignancies with potential metastases	CBC, chest x-ray <i>Note:</i> Hematological malignancies will also require CBC and platelets.
Hepatic disease	INR, CBC, platelets, AST, Alk Phos, bilirubin
Renal disease	Na, K, creatinine and urea, hemoglobin
Diabetes	Na, K, creatinine and urea, glucose <i>Note:</i> ECG if age greater than 40 years.
Diuretic use	Na, K, creatinine and urea
Coumadin use	Hemoglobin, INR
Group and Screen	Group and Screens are done within 42 days unless the patient has been transfused in the last 3 months then it can only be done 72 hours prior to surgery
Blood products (e.g., platelets, factor concentrates)	Notify Transfusion Medicine Laboratory of requirements at least 2 days prior to surgery.