



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

CLINICAL

POLICY AND PROCEDURE

SUBJECT: PRE-OPERATIVE EVALUATION

Policy No.: OR010.6

Effective Date: 10/2016

Page: 1 of 2

Policy Statement: All patients requiring anesthesia must have a pre-operative evaluation prior to surgery.

Purpose of Procedure: To assure that all patients have been properly evaluated and prepared for surgery. To Minimize potential risks to patients having surgery.
To provide guidance to patients and inform them and their families of what to anticipate on the day of surgery.

Policy Guidelines:

1. Patients scheduled for outpatient surgery will be required to complete all appropriate laboratory work, Pre-anesthesia evaluation, EKG and Medical Imaging studies following the guidelines of the Anesthesia Department. The surgeon or anesthesiologist based on the patient's medical condition and predisposing factors will order other pre-operative testing.
2. Patients should be scheduled for the pre-admission work-up in the Pre-op Clinic prior to the date of surgery for elective surgery to provide an appropriate assessment to the anesthesiology staff and optimal management. Anesthesiology Department provider staff is responsible for all of the following:
 - a. Assessing the patient, obtaining history and performing physical exam.
 - b. Reviewing the pre-operative History & Physical (H&P.)
 - c. Reviewing the results of pre-operative diagnostic tests/procedures ordered and performed and documenting the date the tests/procedures were performed.
3. Lab studies should be done within 30 days of surgery. Tests with significantly abnormal results should be repeated (within 72 hours) and reported to attending surgeon and anesthesiologist.
4. Pre-op test requirements are based on the age of the patient, type of surgical procedure, type of anesthesia, and associated disease processes.

KEY POINT: Laboratory results may be accepted from an independent laboratory at the discretion of the anesthesiologist. The testing must be completed within two weeks of the scheduled surgery and the patient must bring the results to the hospital on the day of pre-op visit.

The discretion to test is based on surgical invasiveness and severity of coexisting medical conditions. Test are desirable when changes occur, blood loss and fluid shifts are anticipated. Test are done when patient management applies. Such as patient on anticoagulant for regional block.

- Malignancy and/or chemotherapy
 - Smoking > 20 pack years (X# of pks/day X yrs smoked = pack yrs)
 - History of cardiac disease
- A. WBC, PLATELETS COUNT, SMA 6, PT/PTT, SMA-12:
Should be ordered according to patient's medical history and physical findings.
- B. Chest X-Ray/ EKG

KEY POINT: EKG and chest x-rays are valid up to six months if patient's medical condition is unchanged. Repeat on the test is at the discretion of the Anesthesiology Department staff.

C. Pregnancy Test

Pregnancy test shall be obtained the day prior to the date of surgery for all women under 55 or women still having regular menstrual cycle.

No pregnancy test needed on a woman that has reached menopause (NO menstrual period for 12 consecutive months.) This often happens between 45–55 years of age.

6. Documentation:

- A. Once diagnostic studies have been done, results can be viewed in patients EHR.
- B. Diagnostic Reports will be on the patient's EHR prior to entry into the OR.

7. Education:

- A. During the pre-op visit patients are informed of the results of pre-op lab tests, x-ray, EKG, and other diagnostic tests that are necessary prior to surgery.
- B. If lab tests are abnormal or borderline, patients are informed that additional tests may be necessary.

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References:

Anesthesia Guidelines
Professional Staff Rules and Regulations
Guidelines for Perioperative Practice 2020 Edition
Essentials of Perioperative Nursing, Fifth Edition

10/18 – Revised

03/21- Revised