

Trust Guideline for Pre-operative Assessment Testing

For Use in:	All pre-operative assessment areas and other areas where patients are pre-assessed for procedures
By:	Doctors, nurses, pharmacists.
For:	Elective surgical patients
Division responsible for document:	Clinical Support Division
Key words:	Pre-operative assessment, investigations, blood tests
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To be reviewed by:	Dr Naomi Tate
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Compliance links: (is there any NICE related to guidance)	NICE Clinical Guideline NG45 April 2016 - Routine preoperative tests for elective surgery
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

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Version and Document Control:

Version Number	Date of Update	Change Description	Author
4	22/10/2018	Clarification of indications for ECG, U&E, and FBC.	Anna Lipp, Debbie'O Hare, Sue Hull, Helen Ball
5	25/11/2021	Reviewed and updated	Naomi Tate

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Abbreviation List

ASA – American Society of Anaesthesiologists

ECG – Electrocardiogram

FBC – Full Blood Count

U+E – Urea and Electrolytes

Trust Guideline for Pre-operative Assessment Testing

Quick reference guideline/s

All staff carrying out pre-assessment of patients for a surgical procedure should follow the recommendations in accompanying tables when ordering or repeating blood tests and ECGs (see page 3).

Objective/s

These guidelines will ensure pre-operative blood testing and ECG ordering conforms to current NICE Guidance

Rationale

This guideline was written to ensure patients get the correct pre-operative tests and do not have unnecessary tests performed before an operation or procedure. The guidance is based on NICE Guidance on pre-operative testing but has been adapted to include local guidance about additional tests not included in NICE guidance.

Broad recommendations

After assessment determine which ASA category patient is and what grade of surgery is planned. Follow the recommendations for testing for that patient's ASA and surgical grade.

Clinical audit standards

Have all correct tests been ordered according to patients age, ASA grade and surgery grade.

Summary of development and consultation process undertaken before registration and dissemination

The authors listed above drafted this guideline on behalf of the Anaesthetic department who has agreed the final content. During its development it has been circulated for comment to:

Anaesthetic department, Pre-operative assessment teams, Sister Sue Hull, Sister Helen Ball.

This version has been endorsed by the Clinical Guidelines Assessment Panel.

Distribution list/ dissemination method

Hospital intranet
Same Day Admission Ward
All pre-operative assessment areas

References/ source documents

NICE Clinical Guideline NG45 April 2016 - Routine preoperative tests for elective surgery

Trust Guideline for Pre-operative Assessment Testing

ECG			
ECG repeat if > 12 months ago	Grade of Surgery		
ASA Grade	Minor surgery	Intermediate surgery	Major and complex surgery
1	No	No	Consider*
2	No	Consider*	Consider*
3 and 4	Consider*	Consider*	Yes
Perform ECG for everyone 65 and older if not available within last year or if younger if any cardiac symptoms, known hypertension, heart murmur, diabetes, obesity BMI >40, smoker.			
U+E			
ASA Grade	Minor surgery	Intermediate surgery	Major and complex surgery
1	No	No	Consider*
2	No	Consider*	Yes
3 and 4	Consider*	Yes	Yes
*Consider U&E if previous abnormal result on ICE, known renal disease, diabetes, on diuretics or antihypertensive medication or patient is frail and elderly			
FBC			
ASA Grade	Minor surgery	Intermediate surgery	Major and complex surgery
1	No	No	Yes
2	No	No	Yes
3&4	No	Consider*	Yes
*Consider Fbc if recent history bleeding, previous anaemia, renal disease or patient is frail and elderly			

Trust Guideline for Pre-operative Assessment Testing

Grade of Surgery definitions

Minor	e.g. Incision and drainage abscess, excision cyst, cystoscopy, dental extractions
Intermediate	e.g. hernia repair, tonsillectomy, arthroscopy, lap chole, lap nephrectomy
Major and complex	e.g. joint replacement, thoracotomy, laparotomy, open nephrectomy, lap cystectomy, lap bowel resection

American Society of Anaesthesiologists (ASA) definitions

ASA 1	Fit and well, no medication
ASA 2	Well controlled illness, no impact on daily life e.g. controlled hypertension or diabetes
ASA 3 and 4	Illness with impact on daily life e.g. unstable diabetes, frequent angina
Clotting	All patients on anticoagulants or history of previous bleeding problems, liver disease or alcohol intake > 28units/week
LFTS	All Lap cholecystectomy cases and others as indicated in POA protocol or if requested by surgeon
HBA1C	Known to have Diabetes and no result available within 3 months
Bone group	patients having thyroidectomy, parathyroidectomy, breast cancer surgery
TFTs	(use pre op option to order) patients on thyroxine if not available within 3 months
Sickle Cell	not routinely, only if in at risk group and has positive family or personal history of sickle or anaemia

Cross match or group and save by procedure blood ordering schedule