

## Trust Guideline for Pre-operative Assessment Testing

<b>For Use in:</b>	All pre-operative assessment areas and other areas where patients are pre-assessed for procedures
<b>By:</b>	Doctors, nurses, pharmacists.
<b>For:</b>	Elective surgical patients
<b>Division responsible for document:</b>	Clinical Support Division
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<b>Assessed and approved by the:</b>	Clinical Guidelines Assessment Panel (CGAP) If approved by committee or Governance Lead Chair's Action; tick here <input checked="" type="checkbox"/>
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<b>To be reviewed by:</b>	Dr Naomi Tate
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<b>Compliance links: (is there any NICE related to guidance)</b>	NICE Clinical Guideline NG45 April 2016 - Routine preoperative tests for elective surgery
<b>If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?</b>	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

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## 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

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ECG			
ECG repeat if > 12 months ago	<b>Grade of Surgery</b>		
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			

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## Grade of Surgery definitions

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

## American Society of Anaesthesiologists (ASA) definitions

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