

Medical Advisory Committee Approved: 27OCT2020

Harmonized

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Authorizing Prescriber(s)

Lakeridge Health (LH) - Surgeons LH – Anesthesiologists

Authorized to Whom

Nurses working in the Pre-Surgical Screening Clinic and Day Surgery department who have the knowledge, skill, judgement and appropriate training to perform pre-operative screening and testing.

Co-implementers:

- Medical Laboratory Assistants/Technologists (MLA/T) employed at LH who have the knowledge, skill and judgement to perform/collect ECG, blood and other samples as selected on the pre-surgical screening testing table/grid under this directive.
- Phlebotomists employed at LH who have the knowledge, skill and judgment to draw blood samples by venipuncture for laboratory tests as selected by the nurse from the pre-surgical screening testing table/grid under this directive.
- Medical Radiation Technologists (MRT[R]) employed at LH who have the knowledge, skill
 and judgement to perform diagnostic imaging as selected by the nurse from the Presurgical screening testing table/grid under this directive.

Patient Description/Population

Adult patients 18 years of age or older requiring pre-surgical screening.

Order and/or Procedure

These procedures are not presented in sequential order; any one of or combination of the procedures below may be performed by a nurse. Refer to the <u>Order Table</u>, Pre-operative Testing Grid (<u>Appendix A</u>), Minor / Major Surgical Classifications (<u>Appendix B</u>), and refer to the <u>Maximum Surgical Blood Ordering Schedule Policy (MSBOS)</u>.

The authorized implementer will:

- 1. Review the patient's history, including Best Possible Medication History (BPMH).
- Use the patient's history and surgical classification to select the corresponding laboratory and/or diagnostic tests according to the pre-operative testing grid (<u>Appendix A</u>). **Note**: surgeon is Most Responsible Practitioner (MRP).

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- 3. Determine Minor / Major Surgical Classification (Appendix B).
- 4. Enter required testing into the electronic ordering system.
- Ensure testing is completed during the pre-surgical screening visit or day of surgery as indicated.
- 6. Abnormal diagnostics and/or laboratory results will be reported to the surgeon booked to perform the surgical procedure for review.
- 7. Abnormal results will also be flagged in the pre-operative package for the Anesthesiologist and forwarded to the family physician.
- 8. Patients who are scheduled for hemodialysis shall have their preoperative bloodwork drawn in hemodialysis post dialysis treatment before their date of surgery.

Indications to the Implementation of the Directive

Any adult patient (18 years of age or older) receiving in-person pre-surgical screening for a surgical procedure and/or on the morning of surgery where previous testing was not completed.

Contraindications to the Implementation of the Directive

This directive must not be implemented in any of the following circumstances:

- The patient or Substitute Decision Maker (SDM) refuses to consent to the procedure(s).
- Existence of procedure specific contraindications as noted in the Pre-Operative Testing Grid Order Table.
- Urgent or emergently scheduled surgical procedures.
- Patients less than 18 years of age.
- Any patient that has been seen in the Pre-Surgical Screening Clinic (PSS) within the last 6
 months, laboratory/diagnostic testing results are within normal limits and there are no
 changes in the medical status of the patient

Consent

The nurse implementing the medical directive must obtain consent if the patient is capable of providing it. If a person or SDM refuses treatment, contact the MRP or delegate immediately to determine plan of care.

Documentation Requirements

In addition to standard documentation practices, the nurse implementing this medical directive must document the following in the patient's health record:

- The name of this medical directive.
- The procedure that was completed.
- The name of the implementer.
- The date and time (unless documenting electronically).
- Legible signature of implementer (including credentials).

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For example, July 20, 2017 1000, 12 Lead ECG selected as per Pre-Operative Testing Grid Medical Directive, B. Smith RRT **OR**

July 20, 2017 2200 creatinine, Na, K, Cl, CO2 selected as per Pre-Operative Testing Grid Medical Directive, K. Smith RN

Review/Evaluation Process

This medical directive will be reviewed every two years by the surgical program.

Related Documents

Maximum Surgical Blood Ordering Schedule Policy. Lakeridge Health.

References

Choosing Wisely Implementation Guide: A Beyond the Mask Project (2017) https://choosingwiselycanada.org/perspective/beyond-the-mask/

Choosing Wisely Canada (<u>www.choosingwiselycanada.org</u>). Five things physicians and patients should question.

College of Nurses of Ontario (2020). Authorizing Mechanisms. Retrieved from: https://www.cno.org/globalassets/docs/prac/41075_authorizingmech.pdf

Maximum Surgical Blood Order Schedule Policy. Lakeridge Health.

Ontario Regional Blood Coordinating Network Maximum Surgical Blood Order Schedule (MSBOS) –Development Tool Version: 1. Retrieved from http://transfusionontario.org/en/cmdownloads/msbos-development-tool/

Ontario Pre-Operative testing grid, Endorsed by the Ontario Guidelines Advisory Committee. www.gacguidelines.ca (2020).

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Adult Pre-Operative Testing Grid – Medical Directive

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This table must **not** be used independently apart from the Medical Directive

Order Table: Pre-Operative Testing Grid Order Table

Co-morbidities/Health History

Order	Indication	Contraindication	Notes (Optional)
1.Ceatinine, Na, K, Cl, CO2	Patients with history of: • hypertension • renal disease • adrenal disease	Patient does not have a history as identified in the indications	Abnormal diagnostics and/or laboratory results will be reported to the ordering prescriber.
	pituitary diseasemajor systemic endocrine disease	Creatinine, Na, K, CI, CO2 within 6 months of pre-surgical screening appointment	Explain to the patient and/or SDM when possible
2. CBC	All major surgeries Patients with history of: • anemia	Patient does not have a history as identified in the indications	Abnormal diagnostics and/or laboratory results will be reported to the ordering prescriber.
	 bleeding disorders active bleeding active malignancy major cardiovascular disease cancer diagnosis 	CBC within 6 months of presurgical screening appointment	Explain to the patient and/or SDM when possible
3. CBC, G&S	Surgical procedures as per the Maximum Surgical Blood Ordering Schedule Policy (MSBOS)	Patients who are not having surgical procedures classified under MSBOS	Abnormal diagnostics and/or laboratory results will be reported to the ordering prescriber.
		CBC within 6 months of presurgical screening appointment	Explain to the patient and/or SDM when possible
		G&S within 28 days of surgery	

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Order	Indication	Contraindication	Notes (Optional)
4. Creatinine, Na,	Patients with a history of	Patient does not have a	Abnormal diagnostics and/or
K, Cl, CO2,	diabetes	history of diabetes	laboratory results will be reported
glucose	(Type 1 and/or 2)	Overficies No. 16 OL OOO	to the ordering prescriber.
		Creatinine, Na, K, Cl, CO2,	Explain to the nations and/or CDM
		glucose within 6 months of	Explain to the patient and/or SDM
		pre- surgical screening appointment	when possible
5. Albumin, ALT,	Patients with history of	Patient does not have a	Abnormal diagnostics and/or
Bilirubin, INR,	bleeding disorders, liver	history of bleeding disorders,	laboratory results will be reported
aPTT	disease, alcohol	liver disease, alcohol	to the ordering prescriber.
	consumption and/or	consumption and/or	
	malnutrition:	malnutrition	Explain to the patient and/or SDM
	Hemophilia A, B	/	when possible
	Factor II, V, VII, X or XII	Albumin, ALT, Bilirubin, INR,	
	Von Willebrand's disease	aPTT within 6 months of pre-	
	• Cirrhosis,	surgical screening	
	Hepatitis A, B, C, D, &EInfectious Mononucleosis	appointment	
	Sudden Weight Loss	Patients who do not consume	
	Anorexia/Malabsorption	alcoholic beverages	
	Women who consume 2 or		
	more alcoholic beverages	Women who consume less	
	per day	than	
	Men who consume 3 or more alcoholic beverages	2 alcoholic beverages per day	
	per day	Men who consume less than 3	
	-	alcoholic beverages per day	

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Order	Indication	Contraindication	Notes (Optional)
6. Sickle Cell	Patients with a history of	Patient does not have a history	Abnormal diagnostics and/or
	sickle cell anemia	of sickle cell anemia and/or does not meet ethnicity	laboratory results will be reported to the ordering prescriber.
	Ethnicity indicators: patients	indications	
	from:		Explain to the patient and/or SDM
	 West Central Africa 		when possible
	 Saudi Arabia 		
	 East Central India 		
	 Southern Italy 		
	Northern Greece		
	Southern Turkey		
	 African American 		
	 Caribbean 		

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Medications:

Order	Indication	Contraindication	Notes (Optional)
1. Creatinine,	Patients prescribed:	Creatinine, Na, K, Cl, CO2	Abnormal diagnostics and/or
Na, K, Cl, CO2	digoxinlithiumdiuretics	within 6 months of pre-surgical screening appointment	laboratory results will be reported to the ordering prescriber.
	ACE-IARBhistory of electrolyte abnormalities		Explain to the patient and/or SDM when possible
2. Creatinine, Na, K, CI, CO2, glucose	Patient history of systemic steroid use within 6 months	Patient not prescribed steroids	Abnormal diagnostics and/or laboratory results will be reported to the ordering prescriber.
			Explain to the patient and/or SDM when possible

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Diagnostics:

Order	Indication	Contraindication	Notes (Optional)
1. 12 Lead ECG	Patient 70 years of age or older	Patient does not meet criteria as per indications	Abnormal diagnostics and/or laboratory results will be reported to the ordering prescriber.
	Patients with diagnosed	ECG completed within 6 months	processing processing in
	history of: cardiac disease peripheral vascular disease cerebral vascular disease pulmonary vascular disease pulmonary vascular disease equal to or more than 2 of the following risk factors: Hypertension Chronic kidney disease Diabetes mellitus Obstructive sleep apnea	of pre-surgical screening appointment	Explain to the patient and/or SDM when possible
0.0)/D.D.A. I. (o BMI greater than 35		
2. CXR PA + Lateral	Symptoms of active lower respiratory infection otherwise not indicated for routine pre-	Patient does not meet criteria as per indications	Abnormal diagnostics and/or laboratory results will be reported to the ordering prescriber.
	operative evaluation Symptomatic Cardiac disease	CXR completed within 6 months of pre-surgical screening appointment	Explain to the patient and/or SDM when possible

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Morning of Surgery:

Order	Indication	Contraindication	Notes (Optional)
1. Glucose	History of Diabetes AND on	Patient does not meet criteria	Abnormal diagnostics and/or
	oral glycemic or insulin	as per indications	laboratory results will be reported
			to the ordering prescriber.
			Explain to the patient and/or SDM when possible
2. INR & aPTT	Use of anticoagulant drugs	Patient does not meet criteria	Abnormal diagnostics and/or
		as per indications	laboratory results will be reported
			to the ordering prescriber.
			Explain to the patient and/or SDM when possible
3.Urine B-HCG	Urine B-HCG testing for all	Patient does not meet criteria	Abnormal diagnostics and/or
	pre-menopausal women	as per indications	laboratory results will be reported
			to the ordering prescriber.
		Patient refusal	
			Explain to the patient and/or SDM
		Previous Hysterectomy	when possible

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Appendix A – Lakeridge Health Pre-Operative Testing Grid

Appendix A – La	Keriu	ge Hee	CICII I I	•	VC 10.							
	СВС	G&S	Creat	Na, K, Cl, CO2	Gluc	ALT, Bilirubin	INR & PTT	Alb	hCG	Sickle Cell	ECG	CXR
Surgical procedure on Group and												
Screen List (refer to *MSBOS)												
All major surgery												
History of anemia, bleeding												
disorder and/or active bleeding.												
Major cardiovascular disease (i.e.												
Exercise tolerance of METS 3 or												
less, see table below). Cancer												
diagnosis. Age over 70.												
Excludes minor surgeries refer to												
minor/major surgery list												
(Appendix B)												
History of renal, adrenal,												
pituitary or major systemic												
endocrine disease.												
Use of digoxin, lithium, diuretics,												
ACE-I or ARB. History of electrolyte abnormality.												
History of diabetes.												
nistory of diabetes.												
History of systemic steroid use												
within 6 months.												
History of bleeding disorder, liver												
disease or malnutrition.												
Alcohol use greater than 2 drinks/d												
for woman or greater than 3												
drinks/d for men												
Age over 70. Diagnosed History of cardiac disease, peripheral,												
cerebral or pulmonary vascular												
disease. Equal to or more than 2												
of the following risk factors												
(HTN, CKD, DM, OSA, BMI above												
35).												
Symptoms of active lower												
respiratory infection otherwise												
not indicated for routine												
preoperative evaluation												
Symptomatic cardiac disease												
Patients with ethnicity- West												
Central Africa, Saudi Arabia, East												
Central India, Southern Italy,												
Northern Greece, Southern												
Turkey, African American,												
Caribbean.												

*Maximum Surgical Blood Order Schedule
Valid time frame G&S 28 days Sickle Cell – Lifetime All other BW / CXR / ECG 6 months
Last updated Sept 28, 2020

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Appendix A – Lakeridge Health Pre-Operative Testing Grid (cont'd)

	Gluc	INR& PTT	Urine B-HCG
Morning of Surgery: History of Diabetes AND on oral glycemic or insulin.			
Morning of Surgery: Use of anticoagulant drugs			
Morning of Surgery: Urine B-HCG testing for all pre-menopausal women (Only exceptions: patient refusal or previous hysterectomy).			

If there is any doubt regarding appropriate preoperative testing, please notify the scheduled anesthesiologist for the day of surgery for guidance.

Please avoid ordering repeat testing (and include current test results) if a patient has had recent similar testing and there are no new changes to the patient's health or therapies. Refer to Preoperative Testing Grid Medical Directive

Metabolic Equivalent (METs) Table: Estimated energy requirements per activity

Activity screen- Can you....?

1 MET- 3 MET's Walk a block or two on level ground at 2.3 to 4.8 km/hour?

Do light work around the house (dishes, dusting, sweeping)?

4 MET's - 10 MET's Climb a flight of stairs or walk up a hill?

Walk on level ground at 6.4 km/hour

Run a short distance?

Modified from Hlatky et. al (11), copyright 1989, with permission from Elsevier, and adapted from Retcher et al (12).

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Appendix B - Major and Minor Surgery Common Examples For reference only, not inclusive of all major and minor surgeries

	of all major and minor surgeries
ENT & Ora	al Surgery
Minor	Major
 Tonsillectomy and/or adenoidectomy Septoplasty, turbinectomy & malignant masses, done on an ambulatory basis (i.e. mandibular tori, brachial cleft cyst, small tongue cancer) Middle ear surgery, mastoidectomy, cochlear implantation Endoscopic sinus surgery Small resections/benign & malignant masses, done on an ambulatory basis (i.e. mandibular tori, brachial cleft cyst, small tongue cancer) Thyroidectomy Tooth extraction 	Maxillary/mandibular osteotomy Laryngectomy Resection of large benign or malignant mass and/or lymph node dissection requiring overnight stay in hospital, with or without reconstructive surgery.
General S	Surgery
Minor	Major
 Breast lumpectomy/ mastectomy with or without lymph node dissection Hemorrhoidectomy Inguinal/umbilical hernia repair by laparoscopic or open approach. Laparoscopic cholecystectomy 	 Mastectomy with immediate tissue reconstruction, with/ without lymph node biopsy or axillary dissection Laparoscopic/ open repair/ resection of stomach, small bowel, colon, liver, pancreas, spleen, adrenals or liver Open cholecystectomy Large open incisional, epigastric or ventral hernia repairs.
Gynaeco	ology
Minor	Major
 Dilation and curettage Diagnostic hysteroscopy, laparoscopy Transvaginal tape insertion Transvaginal pelvic floor surgery (i.e. anterior & posterior repair) Endometrial ablation by thermal balloon Tubal ligation Laparoscopy- limited endometriosis 	 Hysterectomy and/or adnexal surgery (any approach) Gynecology pelvic dissections Laparoscopy for extensive endometriosis Abdominal pelvic floor surgery
	halmology
Minor	Major
Cataract extraction and oculoplastic procedures	Retinal Surgery
•	edic Surgery
Minor	Major
 Arthroscopic surgery including ACL repair Routine hardware removal, not for infection Tendon surgery Bunionectomy Disectomy 	 Knee, hip, shoulder or elbow joint replacement Hardware removal or revision for infection or failure Amputation Spinal laminectomy and/or fusion
	tic Surgery
Minor	Major
 Carpal tunnel release Dupuytren's contracture release Major and minor tendon surgery Small rotational flaps and skin grafts Lipoma excision Cosmetic breast surgery Basal cell carcinoma resection Reduction mammoplasty and other surgery for benign breast disease 	 Free flap reconstruction Panniculectomy
Thoracic S	
• Bronchoscopy	 EBUS Mediastinoscopy Hiatal hernia repair (thoracoscopic or open) Resection of lung, esophagus or mediastinal mass (thoracoscopic or open)

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Appendix B - Major and Minor Surgery Common Examples (cont'd)

For reference only, not inclusive of all major and minor surgeries

Urology

- Cystoscopy, Ureteroscopy, Renoscopy for stone, structure or biopsy
- Hydrocele and varicocele excision
- Vasectomy
- Circumcision
- Resection or bladder or prostate tumor (transurethral or open)
- Resection of kidney/ureter (laparoscopic or open)
- Resection of testis (trans scrotal or abdominal)

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