Required for all Moderate Risk Cases

**Procedure based indications - Moderate (Ex Arthroplasty, intraabdominal, laminectomy, hip/knee replacement, cholecystectomy)**

<table>
<thead>
<tr>
<th>ECG</th>
<th>CBC</th>
<th>BMP</th>
<th>PT/PTT</th>
<th>LFT</th>
<th>Mg</th>
<th>Transf. + Alb</th>
<th>UA</th>
<th>U HCG</th>
<th>CXR</th>
<th>T&amp;S</th>
<th>Other</th>
<th>A.M. Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Moderate Risk
- Any procedure with insertion of hardware or foreign material/graft

**Add the Following for Disease Based Indications**

**Disease-based Indications**

<table>
<thead>
<tr>
<th>ECG</th>
<th>CBC</th>
<th>BMP</th>
<th>PT/PTT</th>
<th>LFT</th>
<th>Mg</th>
<th>Transf. + Alb</th>
<th>UA</th>
<th>U HCG</th>
<th>CXR</th>
<th>T&amp;S</th>
<th>Other available</th>
<th>A.M. Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Female of child-bearing age
- Age > 65yrs
- Asthma / COPD
- Bleeding disorder (hemophilia, VeoD, (TP)
- Cardiovascular, Vascular or Valvular Disease
- Coumadin (warfarin) X  
- Diabetes
- Diuretics (lasix, hydrochlorothiazide etc.)
- Hypertension
- Heart Failure (CHF)
- Severe liver disease, cirrhosis, ETOH abuse
- Plavix (clopidogrel)
- Pulmonary HTN, Cardiac Valvular dx, congenital hx disease
- Renal Insufficiency Cr > 2.5 or Failure
- Stroke
- Thyroid disease if on meds, stable and asymptomatic
- Thyroid disease if new, untreated or symptomatic
- Unplanned Significant Weight loss
- Obstructive Sleep Apnea
- BMI > 40
- Hx of Gastric Bypass
- Poor work tolerance < 4 mets

ECG within last 12 months is acceptable assuming clinically stable.

For a stable medical condition lab values are relevant for 3 months or since last significant medical event (e.g. missed dialysis, recent initiation of diuretic therapy, abnormal bleeding) whichever is less.

These are guidelines only. Clinical judgement and extreme situations may require more or less testing.

*PT or INR alone sufficient for coumadin

10/15/2013