



**MINIMAL STANDARDS FOR THE PRACTICE
OF ANESTHESIA IN COLOMBIA 2009**
Safety Committee

**Preoperative testing: suggested guidelines
Safety Committee 2009**

(taken from [Revista Colombiana de Anestesiología Vol 35:301-12; 2007](http://www.revcolanest.com.co/rca/files/articulos/v35n4a07.pdf))
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Routine testing in asymptomatic patients or with no previous medical history (PMH)

Asymptomatic or no PMH	Minor Surgery		None
	Major surgery	Under 50 years	Albumin
	Major surgery	Above 50 years	EKG, hematocrit, BUN/creatinine, glucose, Chest X-ray, Albumin

Current recommendations [2009] in symptomatic patients or with PMH

Echocardiography	New murmurs Left ventricular function assessment ONLY in those patients where physical activity is unknown AND who are scheduled for a major procedure (and very few intermediate procedures)
Non invasive stress tests (exercise, stress-echo or nuclear medicine)	As per AHA/ACC guidelines (last updated Oct 2007) Last update http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.107.185700)
Chest X ray	Only if symptoms or active respiratory illness
Glucose	Obesity, diabetes or steroid use
Glycosilated Hemoglobin	In diabetic patients scheduled for major surgery, where rescheduling is possible to optimize glucose control.
BUN/Creatinine	Diabetes, and/or renal problems
Uroanalysis	Only if symptomatic or if scheduled for prosthesis?
PT/PTT & platelets	Only if symptomatic or PMH
Hematocrit	Only if significant bleeding is expected or if there is symptomatic anemia
Albumin	Only in patients scheduled for major surgery

PMH: previous medical history, AHA/ACC: American Heart Association/American College of Cardiology

Major surgery: it is defined as a procedure that is likely to require postoperative ICU or HDU, except neurosurgery patients who require this care basically for neurological follow up, and not for the physiological impact of the procedure.