UPMC LIFE CHANGING MEDICINE

PREADMISSION TESTING WORKSHEET WITH RECOMMENDATIONS

All orders for labs on admit need to be placed in EPIC. Please refer to the Anesthesia Guidelines for Preoperative Testing Recommendations

****This is not an order sheet****

☐ **Medical Preoperative Evaluation** needed Location/Date:_____ Are PATs being done at UPMC Facility ☐ YES ☐ NO

☐ **Cardiac Preoperative Evaluation** needed Location/Date:_____

☐ **Pregnancy Test** within 7 days of surgery date – Required for patients between the ages of 12-55 who have not had a documented hysterectomy

☐ **Blood Products** – Refer to MSBOS – Must be within 45 days of surgery

☐ T/S ☐ T/C ☐ _____ Units

☐ **Additional Testing Ordered:**_____

_____

☐ Stoma Nurse to mark patient day of surgery

☐ No Preadmission Testing Required

☐ **CONSENT** on Admit_____

☐ **H/P** on Admit_____

Preadmission Testing Department Phone Numbers

- UPMC Harrisburg, UPMC Community General, UPMC West Shore, UPMC Carlisle: 717-988-8640
- UPMC Hanover: 717-316-3617
- UPMC Lititz: 717-625-5890
- UPMC York Memorial: 717-849-2350
- UPMC Carlisle Outpatient Surgery Center: 717-960-3305
- UPMC Community Surgery Center: 717-724-0226, option 1
- UPMC Leader Surgery Center: 717-894-5640, option 1
- UPMC Hanover SurgiCenter: 717-633-1600

Preadmission Testing Reminders

- **H/Ps: Must be within 30 days of the procedure**
- **Surgical consents: Must be within 90 days of the surgery**
  - The procedure listed in EPIC must match the procedure on the surgical consent form
  - Consents must be completed: signed/dated/timed, with no abbreviations and all fields must be filled in or addressed.
- **Lab Work & Testing:** It is recommended that patients complete any necessary lab work and additional testing at least 2 weeks prior to the procedure. All preadmission testing results and surgical documents should be uploaded into the patient's record at least 72 hours before the procedure.
- **Routine testing:** Not required for low-risk procedures (e.g., cataracts, colonoscopies, endoscopies, cystoscopies) unless deemed necessary by the physician.
- **Additional Specialized Testing:** Should be ordered at the discretion of the physician, with the clinical indication clearly noted in the order.
- **Testing for Healthy Patients:** Generally, healthy patients do not need additional testing unless procedure requires T&S or T&C per the Maximum Surgical Blood Order Schedule (MSBOS)

Surgeon Name: _____

Patient Name: _____

DOB: _____

DOS: _____