

Abnormal Lab Values requiring Surgical Team Notification

Hemoglobin (Hgb)

- <10.0 - Notify surgical team
- 8.0- 9.0 - Notify surgical team - may need transfusion depending on surgery; recommend type and cross, possibly order units

Platelets (Plt)

- < 100 - Notify surgical team
- < 50 - Notify surgical team- may need transfusion of platelets depending on surgery; possibly order units

Coags (PT/INR/aPTT)

- Normal PT: 12-15.1 sec
- Normal INR: 1-2
- Normal aPTT: 22-36 sec
- Expect low Plt in liver dz, cancer, transplant pt, may need hematology referral

Sodium (Na)

- < 130 - Notify surgical team
- < 127 – Notify surgical team- may need replacement (some pts may have chronically low Na, e.g. pts with severe head trauma, SIADH); repeat STAT basic metabolic panel (BMP) A.M. of surgery

Potassium (K)

- > 5.0 - Notify surgical team; repeat STAT A.M. of surgery, may need to delay surgery until improved
- < 3.0 – Notify surgical team - may need replacement; repeat STAT A.M. of surgery
- All dialysis pts should have a STAT potassium A.M. of surgery

Blood Urea Nitrogen/Creatinine (BUN/Cr)

- Normal BUN: 7-20 mg/dL
- Normal Cr: 0.7-1.3 mg/dL
- Expect elevations in pts with diabetes, poorly controlled hypertension, chronic kidney dz

Glucose

- > 200 nonfasting - needs evaluation if nondiabetic and no reasonable explanation (e.g. on corticosteroids)
- > 300 - Notify surgical team - poor control, needs better management

Calcium (Ca)

- > 11.0 - needs evaluation unless known cause (e.g. hyperparathyroidism)

Magnesium (Mg)

- Highs or lows - Notify surgeon, especially if cardiac or kidney transplant history
- Expect low level in dialysis pts

Liver Function Tests (LFTS)

- If elevated - Notify surgical team unless known cause, e.g. hepatitis B or C, cirrhosis, alcoholism; order coagulation labs (PT/INR/APTT) STAT A.M. of surgery