Testing Guidelines Based on Procedure Type

**Low Risk Procedures**
Defined as procedures in which the combined incidence of perioperative MI or death is <1%
- Endoscopies
- Arthroscopy
- Superficial procedures
- Cataracts
  - Breast surgery
- Ambulatory surgery
- MRI
- ECT

**Intermediate Risk Procedures**
Defined as procedures in which combined incidence of perioperative MI or death are 1-5%, do not have significant blood loss or hemodynamic changes.
- Head and Neck Procedures
- Carotid Endarterectomy
- Intraperitoneal procedures
- Orthopedics
- Prostate surgery
- Interventional Radiology
- Cardiac Cath Lab

**High Risk Procedures**
Procedures in which the combined incidence of Perioperative MI or death is >5% or normal physiology is disrupted; commonly requires blood transfusions, invasive monitoring, and/or postop ICU care
- Emergency procedures*
- Aortic, major vascular, EndoAAA repairs
- Cardiac surgery
- Hepatic surgery
- Intrathoracic surgery
- Transplants
- HIPEC surgery
- Procedures with anticipated large blood loss and/or fluid shifts

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**NO routine lab tests**
- Exceptions: Pregnancy testing per hospital policy
- Baseline Cr in procedure with contrast dye injection
- Lab tests only as indicated by patient’s medical history

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**Recommended Lab Tests**
- CBC with platelets
- CMP
- Pregnancy test per hospital policy
- ECG
- Cardiac and hepatic surgery: Coagulation studies (INR, PTT)

*Lab tests in emergency procedures should only be performed if time allows