

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
- UPMC Susquehanna Valley Surgery Center: 717-657-7556

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: _____