

STATEMENT ON ROUTINE PREOPERATIVE LABORATORY AND DIAGNOSTIC SCREENING

(Approved by House of Delegates on October 14, 1987,
and last amended on October 15, 2003)

Preoperative tests, as a component of the preanesthesia evaluation, may be indicated for various purposes, including but not limited to: 1) discovery or identification of a disease or disorder which may affect perioperative anesthetic care, 2) verification or assessment of an already known disease, disorder, medical or alternative therapy which may affect perioperative anesthetic care, and 3) formulation of specific plans and alternatives for perioperative anesthetic care. No routine* laboratory or diagnostic screening⁺ test is necessary for the preanesthetic evaluation of patients. Appropriate indications for ordering tests include the identification of specific clinical indicators or risk factors (e.g., age, pre-existing disease, magnitude of the surgical procedure). Reference is made to the ASA Practice Advisory for Preanesthesia Evaluation.¹

Anesthesiologists, anesthesiology departments or health care facilities should develop appropriate guidelines for preanesthetic screening tests in selected populations after considering the probable contribution of each test to patient outcome. Individual anesthesiologists should order test(s) when, in their judgment, the results may influence decisions regarding risks and management of the anesthesia and surgery. Legal requirements for laboratory testing where they exist should be observed. The results of tests relevant to anesthetic management should be reviewed prior to initiation of the anesthetic. Relevant abnormalities should be noted and action taken, if appropriate.

* Routine refers to a policy of performing a test or tests without regard to clinical indications in an individual patient.

⁺ Screening means efforts to detect disease in unselected populations of asymptomatic patients.

¹ ASA Practice Advisory for Preanesthesia Evaluation: *Anesthesiology* 2002; 96:485-496