

# Preoperative tests

The use of routine preoperative  
tests for elective surgery

**Clinical Guideline 3**

June 2003

Developed by the National Collaborating Centre for Acute Care

### Clinical Guideline 3

#### Preoperative tests

#### The use of routine preoperative tests for elective surgery

Issue date: June 2003

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This document has been circulated to the following:

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- PCT chief executives
- Local health board chief executives
- Medical and nursing directors in England and Wales
- Strategic health authority chief executives in England and Wales
- Clinical governance leads in England and Wales
- Hospital doctors
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- Surgical consultants (all specialties)
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- Chief Medical, Nursing and Pharmaceutical Officers in England and Wales
- Medical Director & Head of NHS Quality – Welsh Assembly Government
- Representative bodies for health services, professional organisations and statutory bodies and the Royal Colleges

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#### This guidance is written in the following context:

This guidance represents the view of the Institute, which was arrived at after careful consideration of the evidence available. Health professionals are expected to take it fully into account when exercising their clinical judgment. The guidance does not, however, override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

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This guideline makes recommendations to help guide the appropriate use of routine preoperative tests for patients before elective surgery for children (ASA grade 1) and adults (ASA grades 1, 2 and 3). The guideline is aimed mainly at secondary care, but may have relevance to some tests carried out or ordered in primary care.

The following guidance is based upon the best available evidence. All of the recommendations are grade D recommendations, which are based upon level IV evidence\* – that is, expert opinion derived from a consensus development process and the clinical experience of the Guideline Development Group. The full guideline (see Section 5) describes the methods used to develop the recommendations. In addition, the views of NHS clinicians were sought on the format and usability of these recommendations, and informed the development of this booklet.

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\* For more information, see NICE (2001) *Information for National Collaborating Centres and Guideline Development Groups*. Available from: [www.nice.org.uk/Docref.asp?d=25652](http://www.nice.org.uk/Docref.asp?d=25652)






# 1 Guidance

The recommendations are in the form of 'look-up' tables. For the following tests the tables are set out by surgery grade (see Box 1) and ASA grade (see Boxes 2 and 3).

- Plain chest X-ray (radiograph)
- Resting electrocardiogram (ECG)
- **Full blood count**
- **Haemostasis** – including prothrombin time, activated partial thromboplastin time and international normalised ratio
- **Renal function** (including tests for potassium, sodium, creatinine and/or urea levels)
- **Random blood glucose**
- **Urine analysis** (urine dipstick tests – test for pH, protein, glucose, ketones, blood/haemoglobin)
- **Blood gases** – for ASA grades 2 and 3 only
- **Lung function** (peak expiratory flow rate, forced vital capacity and forced expiratory volume) – for ASA grades 2 and 3 only.

There are also recommendations for sickle cell test and pregnancy test.

The recommendations are colour-coded in a similar way to traffic lights.

	Test not recommended
	Test to be considered (the value of carrying out a preoperative test is not known, and may depend on specific patient characteristics)
	Test recommended

For the tables set out by surgery grade and ASA grade, age categories are shown across the top of each table. For a patient with more than one comorbidity, follow the recommendations in all relevant tables.

Box 1 Surgery grades	
	Example
Grade 1 (minor)	Excision of lesion of skin; drainage of breast abscess
Grade 2 (intermediate)	Primary repair of inguinal hernia; excision of varicose vein(s) of leg; tonsillectomy/adenotonsillectomy; knee arthroscopy
Grade 3 (major)	Total abdominal hysterectomy; endoscopic resection of prostate; lumbar discectomy; thyroidectomy
Grade 4 (major+)	Total joint replacement; lung operations; colonic resection; radical neck dissection
Neurosurgery	–
Cardiovascular surgery	–

Box 2 ASA grades	
<p>ASA (American Society of Anesthesiologists) grades are a simple scale describing fitness to undergo an anaesthetic. The ASA clearly states that it does not endorse any elaboration of these definitions. However, anaesthetists in the UK often qualify (or interpret) these grades as relating to functional capacity – that is comorbidity that does not (ASA Grade 2) or that does (ASA Grade 3) limit a patient's activity (see Box 3).</p>	
ASA Grade 1	"Normal healthy patient" (that is without any clinically important comorbidity and without clinically significant past/present medical history)
ASA Grade 2	"A patient with mild systemic disease"
ASA Grade 3	"A patient with severe systemic disease"
ASA Grade 4	"A patient with severe systemic disease that is a constant threat to life"

**Box 3 Characterisation of 'mild' and 'severe' comorbidity, corresponding to ASA grades 2 and 3, for cardiovascular, respiratory and renal comorbidities**

	<b>ASA Grade 2: "A patient with mild systemic disease"</b>	<b>ASA Grade 3: "A patient with severe systemic disease"</b>
<b>Cardiovascular disease</b>		
Current angina	Occasional use of GTN spray (2–3 times per month). Does not include patients with unstable angina who would be ASA 3	Regular use of GTN spray (2–3 times per week) or unstable angina
Exercise tolerance	Not limiting activity	Limiting activity
Hypertension	Well controlled using a single anti-hypertensive medication	Not well controlled, requiring multiple anti-hypertensive medications
Diabetes	Well controlled, no obvious diabetic complications	Not well controlled, diabetic complications (e.g. claudication, impaired renal function)
Previous coronary revascularisation	Not directly relevant – depends on current signs and symptoms	Not directly relevant – depends on current signs and symptoms
<b>Respiratory disease</b>		
COAD/COPD	Productive cough; wheeze well controlled by inhalers; occasional episodes of acute chest infection	Breathlessness on minimal exertion (for example, stair climbing, carrying shopping); distressingly wheezy much of the time; several episodes per year of acute chest infection
Asthma	Well controlled by medications/inhalers; not limiting life-style	Poorly controlled; limiting life-style; on high dose of inhaler/oral steroids; frequent hospital admission on account of asthma exacerbation
<b>Renal disease</b>		
	Elevated creatinine (creatinine > 100 µmol/litre and < 200 µmol/litre); some dietary restrictions	Documented poor renal function (creatinine > 200 µmol/litre); regular dialysis programme, (peritoneal or haemodialysis)
COAD, chronic obstructive airways disease; COPD, chronic obstructive pulmonary disease; GTN, glyceryl trinitrate Further examples are available in Appendix 2 of the full guideline (see Section 5)		

## Grade 1 surgery

### ASA Grade 1: children < 16 years

Test	Age				
	< 6 months	≥ 6 to < 12 months	1 to < 5 years	5 to < 12 years	≥ 12 to < 16 years
Chest X-ray	No	No	No	No	No
ECG	No	No	No	No	No
Full blood count	No	No	No	No	No
Haemostasis	No	No	No	No	No
Renal function	No	No	No	No	No
Random glucose	No	No	No	No	No
Urine analysis*	No	No	No	No	No

\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

### ASA Grade 1: adults ≥ 16 years

Test	Age (years)			
	≥ 16 to < 40	40 to < 60	60 to < 80	≥ 80
Chest X-ray	No	No	No	No
ECG	No			Yes
Full blood count	No	No		
Haemostasis	No	No	No	No
Renal function	No	No		
Random glucose	No	No	No	No
Urine analysis*				




\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

### ASA Grade 2: adults with comorbidity from cardiovascular disease

Test	Age (years)			
	16 to < 40	40 to < 60	60 to < 80	≥ 80
Chest X-ray	No			
ECG	Yes	Yes	Yes	Yes
Full blood count				
Haemostasis	No	No	No	No
Renal function				
Random glucose	No	No	No	No
Urine analysis				
Blood gases	No	No	No	No
Lung function	No	No	No	No

### ASA Grade 3: adults with comorbidity from cardiovascular disease

Test	Age (years)			
	16 to < 40	40 to < 60	60 to < 80	≥ 80
Chest X-ray				
ECG	Yes	Yes	Yes	Yes
Full blood count				
Haemostasis	No	No	No	No
Renal function	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No	No	No	No

	Test not recommended
	Consider this test (see page 5)
	Test recommended

### ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 6–7 for more information.



## Grade 1 surgery *continued*

### ASA Grade 2: adults with comorbidity from respiratory disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray	No			
ECG	No			
Full blood count				
Haemostasis	No	No	No	No
Renal function	No	No		
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No	No	No	No

### ASA Grade 3: adults with comorbidity from respiratory disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG				
Full blood count				
Haemostasis	No	No	No	No
Renal function				
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No	No	No	No

### ASA Grade 2: adults with comorbidity from renal disease




Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray*	No	No	No	
ECG†	No			
Full blood count				
Haemostasis	No	No	No	No
Renal function	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases	No	No	No	No
Lung function	No	No	No	No

\*Chest X-ray may be considered if the patient has signs of other comorbidities often associated with renal disease, such as hypertension and coronary heart failure  
†Depending on the cause of renal disease (e.g. diabetes and hypertension)

### ASA Grade 3: adults with comorbidity from renal disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray*	No	No		
ECG	No			
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis				
Blood gases				
Lung function	No	No	No	No

\*Chest X-ray may be considered if the patient has signs of other comorbidities often associated with renal disease, such as hypertension and coronary heart failure

-  Test not recommended
-  Consider this test (see page 5)
-  Test recommended

#### ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 6–7 for more information.

## Grade 2 surgery

### ASA Grade 1: children < 16 years

Test	Age				
	< 6 months	≥ 6 to < 12 months	≥ 1 to < 5 years	≥ 5 to < 12 years	≥ 12 to < 16 years
Chest X-ray	No	No	No	No	No
ECG	No	No	No	No	No
Full blood count	No	No	No	No	No
Haemostasis	No	No	No	No	No
Renal function	No	No	No	No	No
Random glucose	No	No	No	No	No
Urine analysis*	No	No	No	No	No

\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

### ASA Grade 1: adults ≥ 16 years

Test	Age (years)			
	≥ 16 to < 40	40 to < 60	60 to < 80	≥ 80
Chest X-ray	No	No	No	No
ECG	No			Yes
Full blood count	No		Yes	Yes
Haemostasis	No	No	No	No
Renal function	No	No		
Random glucose	No			
Urine analysis*				




\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

### ASA Grade 2: adults with comorbidity from cardiovascular disease

Test	Age (years)			
	16 to < 40	40 to < 60	60 to < 80	≥ 80
Chest X-ray				
ECG	Yes	Yes	Yes	Yes
Full blood count				
Haemostasis	No	No	No	No
Renal function			Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases	No	No	No	No
Lung function	No	No	No	No

### ASA Grade 3: adults with comorbidity from cardiovascular disease

Test	Age (years)			
	16 to < 40	40 to < 60	60 to < 80	≥ 80
Chest X-ray				
ECG	Yes	Yes	Yes	Yes
Full blood count				
Haemostasis	No	No	No	No
Renal function	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No	No	No	No

-  Test not recommended
-  Consider this test (see page 5)
-  Test recommended

#### ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 6–7 for more information.

## Grade 2 surgery *continued*

### ASA Grade 2: adults with comorbidity from respiratory disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG	No			
Full blood count				
Haemostasis	No	No	No	No
Renal function	No			
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No	No	No	No

### ASA Grade 3: adults with comorbidity from respiratory disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG			Yes	Yes
Full blood count				Yes
Haemostasis	No	No	No	No
Renal function				
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function				




### ASA Grade 2: adults with comorbidity from renal disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray*	No	No		
ECG†			Yes	Yes
Full blood count				
Haemostasis	No	No	No	No
Renal function	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases	No	No	No	No
Lung function	No	No	No	No

\*Chest X-ray may be considered if the patient has signs of other comorbidities often associated with renal disease, such as hypertension and coronary heart failure  
†Depending on the cause of renal disease (e.g. diabetes and hypertension)

### ASA Grade 3: adults with comorbidity from renal disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG			Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis				
Blood gases				
Lung function	No	No	No	No

-  Test not recommended
-  Consider this test (see page 5)
-  Test recommended

#### ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 6–7 for more information.

## Grade 3 surgery

### ASA Grade 1: children < 16 years

Test	Age				
	< 6 months N	6 to < 12 months N	1 to < 5 years N	5 to < 12 years N	12 to < 16 years N
Chest X-ray	No	No	No	No	No
ECG	No	No	No	No	No
Full blood count					
Haemostasis	No	No	No	No	No
Renal function					
Random glucose	No	No	No	No	No
Urine analysis*					

\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

### ASA Grade 1: adults ≥ 16 years

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray	No	No		
ECG	No		Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis	No	No	No	No
Renal function			Yes	Yes
Random glucose				
Urine analysis*				




\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

### ASA Grade 2: adults with comorbidity from cardiovascular disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG	Yes	Yes	Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis	No	No	No	No
Renal function	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No	No	No	No

### ASA Grade 3: adults with comorbidity from cardiovascular disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG	Yes	Yes	Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No	No	No	No

	Test not recommended
	Consider this test (see page 5)
	Test recommended

### ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 6–7 for more information.

## Grade 3 surgery *continued*

### ASA Grade 2: adults with comorbidity from respiratory disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG				Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis	No	No	No	No
Renal function			Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No			

### ASA Grade 3: adults with comorbidity from respiratory disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG			Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis	No	No	No	No
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis				
Blood gases				
Lung function				

### ASA Grade 2: adults with comorbidity from renal disease




Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG <sup>†</sup>			Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis				
Blood gases				
Lung function	No	No	No	No

<sup>†</sup> Depending on the cause of renal disease (e.g. diabetes and hypertension)

### ASA Grade 3: adults with comorbidity from renal disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG			Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis				
Blood gases				
Lung function	No	No	No	No

## Grade 3 surgery (major)

-  Test not recommended
-  Consider this test (see page 5)
-  Test recommended

### ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 6–7 for more information.

## Grade 4 surgery

### ASA Grade 1: children < 16 years

Test	Age				
	< 6 months N	6 to < 12 months N	1 to < 5 years N	5 to < 12 years N	12 to < 16 years N
Chest X-ray	No	No	No	No	No
ECG	No	No	No	No	No
Full blood count					
Haemostasis	No	No	No	No	No
Renal function					
Random glucose	No	No	No	No	No
Urine analysis*					

\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

### ASA Grade 1: adults ≥ 16 years

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray	No	No		
ECG	No		Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis*				




\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

### ASA Grade 2: adults with comorbidity from cardiovascular disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG	Yes	Yes	Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No	No	No	No

### ASA Grade 3: adults with comorbidity from cardiovascular disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray			Yes	Yes
ECG	Yes	Yes	Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function	No	No	No	No

	Test not recommended
	Consider this test (see page 5)
	Test recommended

#### ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 6–7 for more information.

## Grade 4 surgery *continued*

### ASA Grade 2: adults with comorbidity from respiratory disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG			Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No
Urine analysis				
Blood gases				
Lung function				

### ASA Grade 3: adults with comorbidity from respiratory disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG		Yes	Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis				
Blood gases				
Lung function				




### ASA Grade 2: adults with comorbidity from renal disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG <sup>†</sup>		Yes	Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis				
Blood gases				
Lung function	No	No	No	No

<sup>†</sup>Depending on the cause of renal disease (e.g. diabetes and hypertension)

### ASA Grade 3: adults with comorbidity from renal disease

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray				
ECG		Yes	Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis				
Blood gases				
Lung function	No	No	No	No

-  Test not recommended
-  Consider this test (see page 5)
-  Test recommended

#### ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 6–7 for more information.

## Neurosurgery

## ASA Grade 1: children &lt; 16 years




Test	Age				
	< 6 months	≥ 6 to < 12 months	≥ 1 to < 5 years	≥ 5 to < 12 years	≥ 12 to < 16 years
Chest X-ray	No	No	No	No	No
ECG	No	No	No	No	No
Full blood count					
Haemostasis					
Renal function	Yes	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No	No
Urine analysis*					

\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

## ASA Grade 1: adults ≥ 16 years

Test	Age (years)			
	≥ 16 to < 40	40 to < 60	60 to < 80	≥ 80
Chest X-ray	No	No		
ECG			Yes	Yes
Full blood count			Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis*				

\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

-  Test not recommended
-  Consider this test (see page 5)
-  Test recommended

## ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 6–7 for more information.



## Cardiovascular surgery

## ASA Grade 1: children &lt; 16 years




Test	Age				
	< 6 months N	6 to < 12 months N	1 to < 5 years N	5 to < 12 years N	12 to < 16 years N
Chest X-ray	Yes	Yes	Yes	Yes	Yes
ECG	Yes	Yes	Yes	Yes	Yes
Full blood count	Yes	Yes	Yes	Yes	Yes
Haemostasis					
Renal function	Yes	Yes	Yes	Yes	Yes
Random glucose	No	No	No	No	No
Urine analysis*					

\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

## ASA Grade 1: adults ≥ 16 years

Test	Age (years)			
	16 to < 40 N	40 to < 60 N	60 to < 80 N	80 N
Chest X-ray	Yes	Yes	Yes	Yes
ECG	Yes	Yes	Yes	Yes
Full blood count	Yes	Yes	Yes	Yes
Haemostasis				
Renal function	Yes	Yes	Yes	Yes
Random glucose				
Urine analysis*				

\*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

-  Test not recommended
-  Consider this test (see page 5)
-  Test recommended

## ASA Grades

**Grade 1** Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

**Grade 2** Patient with mild systemic disease.

**Grade 3** A patient with severe systemic disease but the disease is not a constant threat to life.




See pages 6–7 for more information.

## Tests for the sickle cell gene in adults and children

Appropriateness of testing in patients from the following ethnic groups	
North African	Yes
West African	Yes
South/sub-Saharan African	Yes
Afro Caribbean	Yes
Should informed consent be obtained?	Yes

### Notes

- It is important to offer to test all patients in these ethnic groups, and people of other ethnic groups considered to be at risk. The sickle cell gene is found in many nationalities including families that come from Africa, the Caribbean, the Eastern Mediterranean, Middle East and Asia. It has also been detected in Cypriot people and a few other white ethnic groups.
- It is important to offer to test patients before they have an anaesthetic, if there is any uncertainty about whether they have the sickle cell gene. This is especially important for patients who have a family history of homozygous sickle cell anaemia or sickle cell trait and who do not have a surgical history where it may have been detected previously.
- People of ethnic origin considered to be at risk should be offered screening, with genetic counselling before and after screening.
- Some patients may not know their ethnicity, for example those who have been adopted.
- Appropriate counselling for this test is important so that patients are able to give their informed consent, as there may be implications for patients who discover they are carriers of the sickle cell gene. The results of testing, even when negative, should be reported to families, with the patient's consent, and documented in the patient's medical record to avoid unnecessary repeat testing. Counselling should be offered if the result of the test is positive.




	Test not recommended
	Consider this test (see page 5)
	Test recommended

## Pregnancy test

Pregnancy testing should be carried out in the following female patients of reproductive age:	
With history of last menstrual period	
Who says that it is not possible for her to be pregnant	
Who says it is possible that she may be pregnant	Yes
Should informed consent be obtained?	Yes

### Notes

- The need to test for pregnancy depends on the risk presented by the anaesthetic and surgery to the fetus. All women of child-bearing age should be asked whether or not there is any chance that they may be pregnant.
- Women must be made aware of the risks of surgery to the fetus.
- A pregnancy test should be carried out with the woman's consent if there is any doubt about whether the woman may be pregnant.
- Before having a chest X-ray, all women of child-bearing age should be asked sensitively whether they may be pregnant.

	Test not recommended
	Consider this test (see page 5)
	Test recommended

## Patient consent

- The issue of consent to undergo preoperative tests is addressed briefly in relation to specific tests in Chapters 4–7 of the full version of the guideline (see Section 5). For further guidance, clinicians should refer to the *Good Practice in Consent*\* guidance on issues of consent in the NHS.
- This guideline supports the advice given in that publication – that it is “a general legal and ethical principle that valid consent must be obtained before starting treatment or physical examination, or providing personal care, for a patient” and that patients should have access to sufficient information about risks, benefits and alternatives to be able to make an informed decision about whether to consent.
- Staff undertaking clinical preoperative assessments should discuss with patients which tests are recommended (or required), what they involve and why they are being carried out.
- Decisions about whether to test or not should follow discussion between the patient and the doctor or nurse, especially where there is uncertainty about whether a test should be recommended or not. For some tests, a positive result carries a far greater significance for the patient than others, such as testing for previously undetected diabetes, the sickle cell gene and pregnancy.
- Patients should have access to information about the tests and the possible implications of a positive result so that they can give their informed consent. Doctors or nurses carrying out or ordering tests should write in the patient’s notes that they have discussed the recommended tests and their implications with the patient.
- Patients should be informed of the results of tests and about the implications for treatment, and any longer term implications for their health, if the results are abnormal.

A version of this guideline for patients, their carers and the public is available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)) or from NHS Response Line (0870 1555 455; quote reference N0232 for an English only version and N0233 for a version in English and Welsh).

\* Department of Health (2002) *Good practice in Consent Implementation Guide: Consent to Examination or Treatment*. Available from: [www.doh.gov.uk/consent](http://www.doh.gov.uk/consent)

## 2 Notes on the scope of the guidance

The scope for the guideline is available from the NICE website ([www.nice.org.uk/Docref.asp?d=23393](http://www.nice.org.uk/Docref.asp?d=23393)).

## 3 Implementation in the NHS

### 3.1 General

- 3.1.1 NHS organisations should review their existing practice for preoperative testing against this guideline. The review should consider the resources required to implement fully the recommendations set out in Section 1, the people and processes involved, and the timeline over which full implementation is envisaged. Clearly, it is in the interests of patients that the implementation timeline is as rapid as possible.
- 3.1.2 Relevant local clinical guidelines, care pathways and protocols should be reviewed in the light of this guidance and revised accordingly.
- 3.1.3 This guideline should be used in conjunction with the guidance from the NHS Modernisation Agency on preoperative assessment for inpatients and day surgery,\* which is available from [www.modern.nhs.uk/theatreprogramme](http://www.modern.nhs.uk/theatreprogramme).

### 3.2 Audit

- 3.2.1 Implementation should be audited (in addition to auditing compliance with the guideline) and the methods for auditing implementation should be maintained to provide a mechanism for regular review, ensuring that a revised guideline or relevant new evidence is disseminated promptly as it becomes available and new recommendations are incorporated into local guidance.

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\* NHS Modernisation Agency's Operating Theatre and Pre-operative Assessment Programme (2003) *National Good Practice Guidance on Pre-operative Assessment for Inpatients*. Department of Health.  
NHS Modernisation Agency's Operating Theatre and Pre-operative Assessment Programme (2002) *National Good Practice Guidance on Pre-operative Assessment for Day Surgery*. Department of Health.

- 3.2.2 To audit compliance with the guideline, it is recommended that data are collected to obtain the following summary statistics.
- the percentage of patients who are not tested, in compliance with the guideline
  - the percentage of patients who are tested, in compliance with the guideline
  - the percentage of patients who are not tested, against the recommendations of the guideline
  - the percentage of patients who are tested, against the recommendations of the guideline
  - the percentage of patients who are tested and for whom one or more reasons for testing are documented
  - the percentage of patients for whom the minimum dataset (see Box 4) is available.
- 3.2.3 It is recommended that a minimum dataset (see Box 4) is collected, at least when ordering tests in contravention of the guideline or where the guideline is uncertain. Ideally the minimum dataset would be collected when any test is ordered. Auditing compliance with the guideline will be much more difficult if this minimum dataset is not collected at the time of ordering.
- 3.2.4 Further details on data collection and audit are included in the full guideline (see Section 5).

**Box 4 Minimum dataset at time of ordering test**

1. ASA grade of patient (potentially available from other sources since it is proposed that this item of information will become part of the Hospital Episode Statistics minimum dataset)
2. Main comorbidity (e.g. renal, respiratory and cardiovascular; main categories could be pre-coded on the test order form)
3. Grade of surgery
4. Reasons for ordering

## 4 Research recommendations

Research recommendations have been identified during the development of this guideline. They are detailed in the full guideline (see Section 5).

## 5 Full guideline

The National Institute for Clinical Excellence commissioned the development of this guidance from the National Collaborating Centre for Acute Care. The Centre established a Guideline Development Group, which reviewed the evidence and developed the recommendations. The full guideline, *Preoperative tests. The use of routine preoperative tests for elective surgery. Evidence, methods and guidance*, is published by the National Collaborating Centre for Acute Care; it is available on the NICE website ([www.nice.org.uk](http://www.nice.org.uk)) and on the website of the National Electronic Library for Health ([www.nelh.nhs.uk](http://www.nelh.nhs.uk)).

The members of the Guideline Development Group are listed in Appendix A. Information about the Institute's Guidelines Advisory Committee is given in Appendix B.

The booklet *The guideline development process – information for the public and the NHS* has more information about the Institute's guideline development process. It is available from the Institute's website and copies can also be ordered by telephoning 0870 1555 455 (quote reference N0038).

## 6 Related NICE guidance

There is no current related guidance.

## 7 Review

The process of reviewing the evidence is expected to begin 4 years after the date of issue of this guideline. Reviewing may begin earlier than 4 years if significant evidence that affects the guideline recommendations is identified sooner. The updated guideline will be available within 2 years of the start of the review process.

## Appendix A: The Guideline Development Group

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**Mrs Ann Seymour**  
Representative, patient liaison group of the Royal College  
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**Mrs Barbara Greggains**

Representative, patient liaison group of the Royal College of Anaesthetists

**Mr Alan Wright**

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**Dr Charlotte Williamson**

Representative, patient liaison group of the Royal College of Pathologists

**Mrs Daphne McKenzie**

Representative, patient liaison group of the Royal College of Surgeons

**Ms Christine Sealey (Observer)**

Guidelines Commissioning Manager, NICE

## **National Collaborating Centre for Acute Care**

**Miss Julia Langham (Project Manager)**

Research Fellow in Epidemiology

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Research Fellow

**Mr Carlos Sharpin**

Information Scientist

**Mr David Wonderling**

Health Economist

## Appendix B: The Guidelines Advisory Committee

The Guidelines Advisory Committee is an independent committee established by NICE to validate the clinical guidelines developed by the National Collaborating Centres. The multidisciplinary Committee includes experts on guideline methodology, health professionals and people with experience of the issues affecting patients and carers. A full list of members of the Guidelines Advisory Committee can be found on NICE website.

For each guideline, a number of Committee members oversee the development of the guideline and take responsibility for monitoring its quality. The Committee members who took on this role for this guideline were:

**Professor Martin Eccles** (Chairman of the Committee)  
Professor of Clinical Effectiveness, Centre for Health Services Research, University of Newcastle upon Tyne.

**Miss Amanda Wild**  
Representative of Association of British Health Industries

**Dr Marcia Kelson**  
Director, Patient Involvement Unit for NICE, College of Health, London

**Professor Robert Shaw**  
Professor of Obstetrics and Gynaecology, University of Nottingham

A version of this guideline for patients, their carers and the public is available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)) or from NHS Response Line (0870 1555 455; quote reference N0232 for an English only version and N0233 for a version in English and Welsh)  
***Routine tests carried out before a planned surgical operation***  
***Understanding NICE guidance – information for people who are going to have a planned operation, their carers, and the public***





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