BAY REGION

PRE-PROCEDURE SCREENING

FAX: (989) 891-8180

PURPOSE

PRE-PROCEDURE SCREENING: Developed for all elective medical/surgical patients requiring laboratory, blood bank, radiology, respiratory, E.K.G., or physical medicine, as appropriate. In order to facilitate proper flow of information, this program is requested for all patients.

SCHEDULING

PRE-PROCEDURE SCREENING: Patients may have pre-admit testing done anytime within 30 days prior to scheduled surgery. If possible, it is preferred patients have their testing done at McLaren Bay Region West Medical Mall. Please call 989-667-6326 to pre-register. Walk-ins are welcome but may require additional waiting. If you have not been contacted by a nurse to complete your nursing assessment within one week of your procedure, please call the Pre-Procedure Screening Office at (989) 894-3940.

REPORTING OF RESULTS

PATIENT'S NAME

PROCEDURE | DATE:

MEDICAL DIAGNOSIS

PRE-ADMIT TESTING DATE

LABORATORY

- ☐ PREGNANCY TEST ☐ SERUM ☐ URINE
  WITHIN 7 DAYS OF PROCEDURE
- ☐ URINALYSIS
- ☐ URINE CULTURE AND SENSITIVITY
- ☐ CBC (INCLUDES WHITE CELL DIFFERENTIAL)
- ☐ COMPREHENSIVE METABOLIC PROFILE (4 HR FASTING)
- ☐ **BASIC METABOLIC PROFILE/CHEM 8**
  (INCLUDES THE FOLLOWING)
  - ☐ FASTING BLOOD SUGAR (4 HR MINIMUM)
  - ☐ BUN
  - ☐ CREATININE
  - ☐ ELECTROLYTES
  - ☐ CALCIUM
- ☐ RANDOM GLUCOSE
- ☐ PROTHROMBIN TIME
- ☐ P.T.T. (PARTIAL THROMBOPLASTIN TIME)
- ☐ LIPID PROFILE (12 HR FASTING)
- ☐ NASAL SWAB FOR MRSA SCREENING

☐ PRE-SURGICAL CONSULT

DOCTOR:

OTHER:

TYPE OF ADMISSION

- ☐ A.M. ______________
- ☐ 23 HR OBSERVATION
- ☐ OUTPT/LITHO
- ☐ AMBULATORY

BLOOD BANK

- ☐ TYPE & CROSSMATCH (MUST BE ORDERED WHEN REQUESTING BLOOD PRODUCTS)
- ☐ NO. UNITS PACKED CELLS ______________________
- ☐ NO. UNITS WHOLE BLOOD ______________________
- ☐ HOLD TUBE (FOR FURTHER ORDERS)
- ☐ TYPE & SCREEN (ABO, Rh, ANTIBODY SCREEN)
- ☐ OTHER:

RADIOLOGY

- ☐ CHEST SYMPTOMS ____________________
- ☐ STANDING HIP TO ANKLE ☐ R ☐ L
- ☐ OTHER

EKG SECTION

- ☐ AT MCLBR
- ☐ AT DR.____ OFFICE

RESPIRATORY THERAPY

- ☐ PULMONARY FUNCTION TEST
- ☐ TO BE READ BY:

TO ORDER AN ANESTHESIA CONSULT, YOU MUST NOTIFY THE SCHEDULER WHEN BOOKING THE SURGERY.

INITIATE STANDING ORDERS PER PROCEDURE/FOLLOW ANESTHESIA GUIDELINES ORDERING PHYSICIAN'S SIGNATURE ▶	TIME	DATE SIGNED

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ADDRESSOGRAPH

PRE-PROCEDURE SCREENING