

Always refer to local guidelines / discuss with SENIOR as exact rules can vary between trusts and type of operation

BLOODS

Ensure patient has up to date blood results:

- < 1 week if elective and no significant co-morbidities / anticoagulation
- < 24 hours if significant non-elective / co-morbidites / anticoagulation

Usual Bloods:

- FBC
- U&E
- LFT
- Bone profile
- Clotting / INR
- Group & Save

Additional Bloods:

- Thyroid function:
 - Known thyroid disease

If blood tests results are abnormal discuss with Senior regarding any intervention required / further testing

In particular - **abnormal clotting / INR > 1.4** - discuss with Senior / Haematology regarding any intervention / further testing

OTHER INVESTIGATIONS

Usual Investigations:

- ECG
- CXR

Additional Investigations:

- Echo:
 - Heart failure / Murmur / Valvular disease
- Spirometry:
 - Significant lung disease
- Pacemaker check

MEDICATIONS

MEDICATIONS TO TAKE

- **Cardiac / Hypertensive medications:**
 - Except ACE-I / ARB / Diuretics
- **Thyroid medications**
- **Immunosuppressants**
- **Epilepsy medications**
- **Parkinson's medications**
- **Inhalers**
- **Eye Drops**
- **Anti-Psychotics**
- **Anti-Depressants**
- **Tranquillisers:**
 - If taken regularly - not PRN
 - However best to discuss with Senior / Anaesthetist

Long term Steroids:

- May require increased dose
- Discuss with **Senior or Anaesthetist**

MEDICATIONS TO CONSIDER HOLDING

Anti-coagulation (Warfarin / NOAC):

- See local trust policy - discuss with Haematology regarding when to stop, if reversal agents needed or whether LWMH / Unfractionated Heparin infusion cover is required

Insulin:

- Hold morning of surgery
 - Use Sliding Scale Insulin

Oral hypoglycaemics:

- Hold on day of surgery
 - Use Sliding Scale Insulin if poor glycaemic control

Anti-platelet:

- Hold 7 days prior to surgery

Diuretics:

- Hold on day of surgery

ACE-I / ARB:

- Hold on day of surgery

If unsure always discuss with Senior or Anaesthetist

NIL BY MOUTH

6 to 2 Hours Pre-op:

- Clear fluids only

2 Hours Pre-op:

- Nil by mouth

Time of surgery:

- Unless known, ensure patient is ready for 8am:
 - 2am-6am: Clear Fluids
 - 6am onwards: NBM

Some trusts use Pre-operative nutritional supplements (i.e Carbohydrate drink) 2-3 hours prior to surgery

Always consults local guidelines

IV Fluids:

- Do not routinely prescribe for NBM unless prolonged period
- Assess whether patient requires fluids (examples):
 - Fluid deplete
 - CKD / AKI
 - Requires sliding scale insulin