

# **Nurse Questionnaire for Pre-operative Test Orders**

**\*\*The grid only applies to adult patients undergoing elective hip and knee arthroplasty at Saskatoon City Hospital (SCH).\*\***  
 Tests are valid for 90 days provided there has been no interim change in the patient's condition.  
 If any of the following is yes, order the related tests:

	Check all Applicable	CBC	G&S	Cr	Lytes	Spot Glucose	LFT's	APPT /INR	ECG
<b>Hip or knee arthroplasty</b>	<input type="checkbox"/>	✓	✓						
<b>History of:</b>									
Kidney disease or failure	<input type="checkbox"/>			✓	✓				
Adrenal disease	<input type="checkbox"/>			✓	✓				
Pituitary disease	<input type="checkbox"/>			✓	✓				
Major systemic endocrine disease	<input type="checkbox"/>			✓	✓				
Electrolyte abnormality	<input type="checkbox"/>			✓	✓				
Diabetes	<input type="checkbox"/>			✓	✓	✓			
Bleeding disorder	<input type="checkbox"/>						✓	✓	
Liver disease	<input type="checkbox"/>						✓	✓	
Malnutrition	<input type="checkbox"/>						✓	✓	
Alcohol use greater than two (2) drinks/day for women and greater than three (3) drinks/day for men	<input type="checkbox"/>						✓	✓	
Use of anticoagulants (except ASA)	<input type="checkbox"/>							✓	
Age greater than 69 years	<input type="checkbox"/>								✓
Coronary artery disease	<input type="checkbox"/>								✓
Peripheral vascular disease	<input type="checkbox"/>								✓
Pulmonary vascular disease	<input type="checkbox"/>								✓
Two (2) or more risk factors: HTN, CKD, DM, OSA, BMI greater than 35	<input type="checkbox"/>								✓
<b>Medications:</b>									
Systemic steroid use in the last six (6) months	<input type="checkbox"/>				✓	✓			
Lithium, Diuretic, ACE/ARB	<input type="checkbox"/>			✓	✓				
Digoxin/antiarrhythmic	<input type="checkbox"/>			✓	✓				✓
Chemotherapy (active malignancy)	<input type="checkbox"/>			✓	✓				

Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Practitioner Signature: \_\_\_\_\_

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