Hgb Idtention to Implants) Hgb Hgb < 10gms Hgb Hgb < 10gms HCT HCT < 30% Platelets Platelets < 130k or >600K in adults Platelets Platelets < 130k or >600K in adults Fax to Surgeon/PCP Metabolic Panel: Sodium Sodium < 132mmol/L or >145 Potassium Sodium < 3.0 mmol/L or > 5.5 BUN/Creatinine BUN >45 or creatinine > 1.7 Fax to Surgeon and PCP Calcium 10.5 or < 8.0 (Note: Ca < 8.0, if total protein <6.0, do not send) Surgeon/PCP Magnesium Mg. > 2.5 or <1.7 No hx: glucose > 150 or <600 (J diabetic Glucose < 70mg > 250 or > 175 and Hb A>8% Coag Profile: Protime Elevated over normal values Fax to Surgeon/PCP for clearance INR INR > 1.4 Fax to Surgeon/PCP for clearance INR INR > 1.4 Fax to Surgeon/PCP for clearance INVER Fax to Surgeon/PCP SofOT/AST > 100 SPT/ALT SofOT/AST > 100 SpT/ALT > 100	TEST	PROBLEM	ACTION																																											
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Calcium		Calcium> 10.5 or < 8.0																																												
	BlucoseNo hx- glucose > 150 or <60 If diabetic 	(Note: Ca < 8.0, if total protein <6.0, do not send)	Surgeon/PCP																																											
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Pregnancy Test: Positive Follow up with Surgeon unless known pregnancy	Urinalysis:																																													
	Pregnancy Test:	Positive	Follow up with Surgeon unless known pregnancy																																											

TEST	PROBLEM	ACTION		
EKGS:	EKGS:			
EKGs:	 EKG findings need to be evaluated keeping in mind The following do <u>NOT</u> need to be called to the Ane history: Axis deviation 			
EKGS: (no need to send)	Atria enlargement Accelerated AV condition Early repolarization Sinus bradycardia < 50 and asymptomatic Please try and obtain any office notes, scans, previo	LVH 1 sr degree AV block Known RBBB Pacemaker us EKGs, to assist anesthesia for the surgery		
EKGs: To send:	 Borderline or Abnormal that show the following: Acute Ischemic Changes MI (history of MI, age undermined, cannot rule out MI) old MI requires a prior EKG more that 6 months old that shows the same findings. 2nd, 3rd degree of complete heart blocks as well as trifascicular blocks. ST and/or T wave elevation or inversion Abnormal that show the following: Left bundle branch block. 	Fax to Anesthesia/Cardiologist/PCP Get old EKG for comparison & Fax to Anesthesia		

4/12/16 DK