

## Appendix 5 - CARDIAC SURGERY IN-PATIENT PREOPERATIVE CHECKLIST

	ON REFERRAL (DATE)	1 DAY PRIOR TRANSFER FOR SURGERY (DATE)	COMMENTS
ANGIOGRAM (all patients >45 yrs)			
ECHO (all patients)			
CXR			
CAROTID DOPPLER (as per criteria)			
PFT (DLCO required if FEV1 + FVC <70%)			
FBP			
U+E			
LFT			
CRP			
COAG SCREEN			
IRON PROFILE			
HbA1c (all diabetic patients)			
TFT (if known thyroid dysfunction)			
URINALYSIS			
MSSU			
NASAL SWAB - MRSA (all patients)			
THROAT SWAB - MRSA (all patients)			
NASAL SWAB - MSSA (all valve patients)			
DENTAL REVIEW (all implants, e.g. valves)			

**IT IS ESSENTIAL THAT ALL ABNORMAL BLOOD/MICROBIOLOGY RESULTS ARE INVESTIGATED AND TREATED PROMPTLY TO AVOID DELAYS IN PATIENTS TRANSFERRING FOR SURGERY. PLEASE COMMUNICATE THESE WITH THE WAITING LIST OFFICE.**