

PSS Testing & Consultation Requirements

Patients 18 years and above

Patient Name: _____

DOB: _____

Specialty Consults Required				
Screening Categories	Criteria	Order		Referrals
Indications for Anesthesia Consults	<ul style="list-style-type: none"> History of serious anesthesia reaction Use of oxygen at home Was told may need a heart valve replacement Heart surgery as a child Skeletal dysplasia Taking medications for pulmonary hypertension 	No	Yes	Anesthesia
Medical Devices	Cardiac device (pacemakers, AICD)	No	Yes	Cardiology
	Central nervous system shunt	No	Yes	Neurosurgery
	Intrathecal pump	No	Yes	Chronic Pain
	Spinal cord stimulator	No	Yes	Chronic Pain
Diabetic Patients	Insulin pump	No	Yes	Diabetes Management
Opioids	<ul style="list-style-type: none"> Patient currently being prescribed and taking 3 or more opioid tablets daily for longer than 3 months Patient with history of substance use disorder, including active/current licit or illicit substance abuse Patient with a history of, or current, buprenorphine use of any form (i.e. Suboxone) or any other Medication Assisted Therapy (MAT) 	No	Yes	Chronic Pain
Other	Peripheral vascular bypass	No	Yes	Vascular Surgeon

Ambulatory Procedure PSS Testing & Consultation Requirements			
Procedural Category	Patient Risk Criteria	Order	Pre-Op Testing
Adult AMB Surgery Arthroplasty <i>Lower Extremity</i> <ul style="list-style-type: none"> Ankle Foot <i>Upper Extremity</i> <ul style="list-style-type: none"> Hand Wrist Foot & Ankle Sports Upper Extremity Spine Surgery: 1 Level <ul style="list-style-type: none"> ACDF Lumbar Laminectomy Lumbar Microdiscectomy 	Healthy	<input type="checkbox"/>	<ul style="list-style-type: none"> None
	Minor System Illness	<input type="checkbox"/>	<ul style="list-style-type: none"> None
	<ul style="list-style-type: none"> If age > 40 	<input type="checkbox"/>	<ul style="list-style-type: none"> CBC
	<ul style="list-style-type: none"> If age > 50 <u>or</u> has CAD 	<input type="checkbox"/>	<ul style="list-style-type: none"> EKG
	Major System Illness	<input type="checkbox"/>	<ul style="list-style-type: none"> Medical Assessment CBC EKG Basic Metabolic Panel (BMP)
	<ul style="list-style-type: none"> If diabetic 	<input type="checkbox"/>	<ul style="list-style-type: none"> HbA1c
	<ul style="list-style-type: none"> If bleeding history 	<input type="checkbox"/>	<ul style="list-style-type: none"> PT / PTT
Adult AMB Surgery: Major Class II Arthroplasty <i>Lower Extremity</i> <ul style="list-style-type: none"> Unicompartmental Knee Total Knee Total Hip Simple revisions (i.e. liner exchange) <i>Upper Extremity</i> <ul style="list-style-type: none"> Elbow Shoulder 	Healthy	<input type="checkbox"/>	<ul style="list-style-type: none"> Medical Assessment
	Minor System Illness	<input type="checkbox"/>	<ul style="list-style-type: none"> Medical Assessment
	<ul style="list-style-type: none"> If age > 40 	<input type="checkbox"/>	<ul style="list-style-type: none"> CBC
	<ul style="list-style-type: none"> If age > 50 <u>or</u> has CAD 	<input type="checkbox"/>	<ul style="list-style-type: none"> EKG
	Major System Illness	<input type="checkbox"/>	<ul style="list-style-type: none"> Medical Assessment CBC Basic Metabolic Panel (BMP) EKG
	<ul style="list-style-type: none"> If prior lung surgery; <u>or</u>, <u>abnormal lung exam</u>; <u>or</u>, <u>TSR</u> 	<input type="checkbox"/>	<ul style="list-style-type: none"> Chest X-Ray
	<ul style="list-style-type: none"> If diabetic 	<input type="checkbox"/>	<ul style="list-style-type: none"> HbA1c
<ul style="list-style-type: none"> If bleeding history 	<input type="checkbox"/>	<ul style="list-style-type: none"> PT / PTT 	

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Inpatient Procedure PSS Testing and & Consultation Requirements

Procedural Category	Patient Risk Criteria	Order	Pre-Op Testing
Major Class I Surgery Bilateral THR / TKR Revision THR / TKR, Lower Extremity Periprosthetic Fractures Pelvic / Acetabular Spinal Deformity Tumor (except Hand / Foot) Vascular	Healthy / Minor / Major	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Medical Assessment ▪ CBC ▪ Comprehensive Metabolic Profile ▪ PT/PTT ▪ Type & Screen w/ ABO verification ▪ EKG ▪ Chest X-Ray
	<ul style="list-style-type: none"> ▪ <i>If diabetic</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ HbA1c
Major Class II Surgery Arthroplasty <i>Lower Extremity</i> <ul style="list-style-type: none"> • Unicompartmental Knee • B Uni-knee • Total Knee • Total Hip <i>Upper Extremity</i> <ul style="list-style-type: none"> • Elbow • Shoulder Spine Procedures <ul style="list-style-type: none"> • Degenerative Lumbar or Cervical • Except ACDF 1 Level Revision Spine <ul style="list-style-type: none"> • Cervical or Lumbar Femur Fractures Limb Lengthening	Healthy / Minor	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Medical Assessment ▪ CBC ▪ Basic Metabolic Profile ▪ Type & Screen w/ ABO verification
	<ul style="list-style-type: none"> ▪ <i>If diabetic</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ HbA1c
	<ul style="list-style-type: none"> ▪ <i>If bleeding history</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ PT / PTT
	<ul style="list-style-type: none"> ▪ <i>If on Coumadin</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ PT / INR
	<ul style="list-style-type: none"> ▪ <i>If age > 50</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ EKG
	<ul style="list-style-type: none"> ▪ <i>If patient had prior lung surgery; or, abnormal lung exam; or, is having a Total Shoulder Replacement</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Chest X-Ray
	Major	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Medical Assessment ▪ CBC ▪ Basic Metabolic Profile ▪ PT / PTT ▪ Type & Screen w/ ABO verification
	<ul style="list-style-type: none"> ▪ <i>If diabetic</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ HbA1c
<ul style="list-style-type: none"> ▪ <i>If age > 50 or has CAD</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ EKG 	
<ul style="list-style-type: none"> ▪ <i>If patient had prior lung surgery; or, abnormal lung exam; or, is having a Total Shoulder Replacement</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Chest X-Ray 	
Minor Surgery Arthroplasty <i>Lower Extremity</i> <ul style="list-style-type: none"> • Ankle • Foot <i>Upper Extremity</i> <ul style="list-style-type: none"> • Hand • Wrist Foot & Ankle Sports Upper Extremity Spine Surgery: 2 Level <ul style="list-style-type: none"> • Lumbar Laminectomy 	Healthy	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Medical Assessment
	<ul style="list-style-type: none"> ▪ <i>If lumbar Laminectomy 2 levels</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Type & Screen w/ ABO verification
	Minor System Illness	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Medical Assessment ▪ CBC
	<ul style="list-style-type: none"> ▪ <i>If age > 50 or has CAD</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ EKG
	<ul style="list-style-type: none"> ▪ <i>If lumbar Laminectomy 2 levels</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Type & Screen w/ ABO verification
	Major System Illness	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Medical Assessment ▪ CBC ▪ Basic Metabolic Profile ▪ EKG
<ul style="list-style-type: none"> ▪ <i>If diabetic</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ HbA1c 	
<ul style="list-style-type: none"> ▪ <i>If lumbar Laminectomy 2 levels</i> 	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Type & Screen w/ ABO verification 	

Prescriber Signature: _____

Date: _____

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System Classification		
System	Minor System Illness	Major System Illness
Cardiovascular	Treated hypertension	Coronary artery disease (CAD) History of coronary or vascular surgery Congestive Heart Failure (CHF) Arrhythmia Pacemaker
Pulmonary	Treated asthma -without wheezing -no recent hospitalization	Chronic Obstructive Pulmonary Disease (COPD) Uncontrolled asthma Obstructive sleep apnea (OSA)
Renal	Nephrolithiasis Urinary tract infections (UTI) -treated, recurrent	Renal insufficiency Dialysis Renal Transplant
Gastrointestinal	Peptic ulcer disease History of diverticulitis	Recent GI bleed Ulcerative colitis Crohn's disease Intestinal obstruction Significant liver disease (MELD Score >7)
Neurologic	Multiple sclerosis -no recent flare Seizure disorder (well controlled) -no seizure last 3 months	Transient Ischemic Attack (TIA) Cerebral Vascular Accident (CVA) Amyotrophic Lateral Sclerosis (ALS) Myasthenia Gravis Dementia Parkinson's disease
Endocrine	Treated hypo/hyperthyroidism Treated hyperparathyroidism	Diabetes Mellitus Diabetes Insipidus Morbid Obesity (BMI > 40)
Hematologic	Solid tumors -treated <1 year prior to admission	Von Willebrand's Disease Hemophilia (A or B) ITP/Thrombocytopenia Antiphospholipid syndrome Protein C or S deficiency History of blood clots Family Hx of bleeding disorder Clotting disorder Leukemia Lymphoma Multiple Myeloma Aplastic anemia Polycythemia Vera
Psychiatric	Anxiety/depression (well controlled) -Not taking Monoamine Oxidase Inhibitors (MAOIs)	Use of Monoamine Oxidase Inhibitors (MAOIs) Psychosis Substance abuse -alcohol and narcotics
Connective Tissue	None	Arthritis -Rheumatoid arthritis -Reactive arthritis -Psoriatic arthritis Ankylosing Spondylitis Dermatomyositis Vasculitis -Temporal arteritis -Wegener's granulomatosis -Polyarteritis nodosa Lupus Polymyositis