

This survey has been designed as part of a research project assessing the use of pre-operative testing in NHS hospitals across the UK. The information that you provide will be held as confidential.

	1.	Your Name							
	2.	Job Title							
Α.	Υοι	ur Hospital							
	3. Name of the hospital in which you work								
	4.	Name of the trust in which	ch you work						
	5.	Does your hospital have	e a written pro	tocol for pre-op	perative testing?				
		`	∕es □	No □					
	lf y	yes , we would be very g	rateful if you c	ould send a co	py of your protocol s to:				
В.	Yo	our Role							
	7.	Does your role involve	ordering pre-c	perative tests i	ndicated in the guideline for				
		patients undergoing ele	ective surgery	?					
			∕es □	No □					
	8.	Has the NICE guideline	e No 3: Pre-Op	perative Tests (2003) been implemented?				
		`	∕es □	No □					
c.	Clir	nical Practice							
	9.	Do pre-operative testir	ng protocols d	iffer by surgical	speciality at your hospital?				
		`	∕es □	No □					

10. Based on the protocol for your trust, please circle yes or no for each of the tests that is indicated.

ASA Grade 1

Surgery Grade	Age	CXR	ECG	Haemostasis	FBC	U+E+Creat	Random Glucose	Urine
One	16-40	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
One	41-60	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
One	61-80	Y/N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N
One	>80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Two	16-40	Y / N	Y / N	Y / N	Y / N	Y/N	Y/N	Y/N
Two	41-60	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Two	61-80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y / N
Two	>80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Three	16-40	Y/N	Y / N	Y/N	Y / N	Y/N	Y/N	Y/N
Three	41-60	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Three	61-80	Y / N	Y / N	Y / N	Y / N	Y/N	Y / N	Y / N
Three	>80	Y/N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N
Four	16-40	Y/N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N
Four	41-60	Y/N	Y / N	Y/N	Y/N	Y/N	Y/N	Y/N
Four	61-80	Y/N	Y / N	Y/N	Y / N	Y/N	Y/N	Y/N
Four	>80	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

11. Please do the same for **ASA Grade 2.**

Surgery Grade	Comorbidity	CXR	ECG	FBC	U+E+Creat	Blood Gases	Lung Function	INR / APTT	Liver Function	Random Glucose	Urine
One	Cardiovascular	Y / N	Y/N	Y / N	Y/N	Y / N	Y/N	Y / N	Y / N	Y / N	Y / N
One	Respiratory	Y/N	Y/N	Y / N	Y/N	Y / N	Y/N	Y / N	Y / N	Y / N	Y/N
One	Renal	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y / N	Y/N	Y/N
Two	Cardiovascular	Y / N	Y/N	Y / N	Y / N	Y / N	Y/N	Y / N	Y / N	Y / N	Y/N
Two	Respiratory	Y/N	Y/N	Y/N	Y/N	Y / N	Y/N	Y / N	Y / N	Y / N	Y/N
Two	Renal	Y/N	Y/N	Y/N	Y/N	Y / N	Y/N	Y / N	Y / N	Y/N	Y/N

D. Your Hospital P.A.S system12. Does your P.A.S system automatica

12. Does	your P.A.S systen	n automatic	ally record tests ordere	d pre-operatively?
		Yes □	No □	
I3. Does	it record the source	e from whic	ch the test was ordered	, i.e. which clinic?
		Yes □	No □	
14. Does	it differentiate bety	ween types	of pre-operative tests?	
		Yes □	No □	
15. How (easily accessible is	s this inform	ation?	
E	asy to access □	No	ot easy to access □	Don't know □
16. P	lease fill out the fo	llowing as fo	ully as you can:	
	a. Number of	f surgical be	eds at your hospital	
	b. Number of	f surgical co	nsultants at your hosp	ital
	c. Number of	f surgical pa	itients annually	
	d. What prop	ortion of pa	tients are:	
		ASA 1		
		ASA 2		
		ASA 3		
		ASA 4		

Thank you for your assistance with this questionnaire. If you would like any more information, please contact