Preoperative Investigations: Practice Guidelines from Indian Society of Anaesthesiologists (ISA)*

		Complete Blood Count (CBC)	Renal Function Tests (Serum Creatinine)	Liver Function Tests (LFT)	12 Lead Electrocardiogram (ECG)	Chest X-ray (CXR)	- Serum Electrolytes (Na^+, K^+) - Coagulation Profile - Blood Sugar	Preoperative routine airway ultrasound evaluation for predicting difficult airway (laryngoscopy)
Nature of Surgery	Minor				≥ 45 years			
	Intermediate				≥ 45 years	≥ 50 years		
	Major				All	≥ 50 years		
VTPIN (Validity Time for Previously done Investigations)		2 months	2 months	2 months	12 months	12 months		

* For non-diabetic ASA PS 1 and 2 adults scheduled for elective surgery, based on the nature of the surgery
- Green Boxes: Investigations to be ordered routinely.
- Amber Boxes: Investigations to be considered on an individual basis, as per patient evaluation.

(The attending anaesthesiologist may consider individualising the decision on further investigations. Eg: patients receiving diuretics or patients scheduled for monopolar TURP surgery require serum electrolytes estimation; patients with features suggestive of underlying active lower respiratory pathology may require Chest X-ray irrespective of age; patients on anticoagulant medication require coagulation profile testing)

Minimum investigations to be done in non-diabetic ASA PS 1 and 2 patients prior to elective surgery

- **Minor surgery – CBC, 12 lead ECG (for all patients aged ≥ 45 years)**
- **Intermediate surgery – CBC, Serum Creatinine, 12 lead ECG (for all patients aged ≥ 45 years), CXR (for all patients aged ≥ 50 years)**
- **Major surgery – CBC, Serum Creatinine, LFT, 12 lead ECG (for all patients aged ≥ 45 years), CXR (for all patients aged ≥ 50 years)**

VTPIN: Blood investigations (2 months), 12 lead ECG (12 months) and CXR (12 months)

1. *Additional investigations to be considered by the attending anaesthesiologist on an individual basis, as per patient evaluation.*
2. *Repeat investigations within VTPIN to be considered if there is a change in patient physiology.*