

SCGH Orthopaedics Investigation Ordering Guidelines

Choosing Wisely – for hip fracture and other orthogeriatric patients

PRE-OP

Routine	1. FBC	
	2. UEC	
	3. G+H (only for hip fracture patients going to theatre)	
Others	Coags	Only if specific clinical indication (e.g. severe liver disease, known coagulopathy, on DOAC*) *If on DOAC also order DOAC level
	LFTs	Only if specific clinical indication (e.g. liver disease or on hepatotoxic meds)
	INR	For those on warfarin – do not need full coagulation profile!
	Ca + Vit D	For minimal trauma # patients <u>ONLY</u> (please order only <u>ONCE</u> during admission)
	CXR	Not routine – only if clinical indication (known respiratory disease or respiratory signs/symptoms)

POST-OP

Day 1	FBC	
	UEC	
	XR – only if requested by surgeon on op report	
Day 2	FBC	Only if day 1 post-op Hb < 90 or if clinical indication (e.g. blood loss, hypotension, recent cerebral/cardiac ischaemia)
	UEC	Only if monitoring an abnormality (e.g. AKI, electrolyte abnormality)
> Day 3	Only if clinical indication – NO routine bloods needed if everything is stable day 2 post-op	

OTHER

MSU	To exclude UTI – only if abnormal UA (e.g. protein, leukocytes or nitrites)
CRP	<u>NOT</u> routine post-op, only order for suspected infection Once established on antibiotic treatment, twice weekly CRP is adequate for monitoring response to therapy
TSH	Order <u>ONLY</u> TSH for investigating thyroid dysfunction Do not order full TFT panel first line!