National Institute for Health and Care Excellence

Preoperative tests (update)

Routine preoperative tests for elective surgery

NICE guideline NG45

Appendix L: Delphi survey method and results

April 2016

Developed by the National Guideline Centre,
hosted by the Royal College of Physicians

Contents

1 Report

1.1 Introduction

NICE clinical guideline CG3: The use of routine preoperative tests for elective surgery, published in 2003, conducted a formal consensus survey to evaluate the views of clinicians on the use of routine preoperative tests. In 2015, as part of an update of the original guideline, the NCGC technical team in partnership with the Guideline Development Group (GDG), developed a modified Delphi survey to update the original survey and recommendations made in the 2003 guideline. The new survey reassesses the consensus view held by relevant health professionals on which routine preoperative tests should be carried out in adults before elective surgery.

New tests evaluated as part of the update of the guideline were also included where no evidence or insufficient evidence was available to make a recommendation, or where the GDG were unable to make a strong recommendation. The results of the survey formed the basis for the GDG to make or revise recommendations to update the guideline.

The survey was a modified Delphi survey, which used an anonymous, multi-round, consensus-building technique. This type of survey has been used successfully for generating, analysing and synthesising expert view to reach a group consensus position. The second and third rounds of the survey invited participants to re-rate the statements until consensus was reached. At the end of the survey, results were used to help the GDG draft consensus-based recommendations for the updated guideline.

1.2 Methodology

Process and methods summary

A formal consensus survey was conducted for:

- Preoperative tests included in the original guideline where no new published literature was identified during the scoping phase of the guideline update
- Preoperative tests where a systematic review was carried out as part of the guideline update but the new evidence was not sufficient to enable the GDG to make strong recommendations
- Reviewing the appropriate age groups who should be offered the test
- Determining which routine preoperative tests should be carried out in people with obesity or diabetes.

Areas for inclusion in the preoperative tests Delphi survey	
Areas included in the 2003 guideline not updated	Chest X-ray Haemostasis tests Urine tests Pregnancy testing Sickle cell disease/trait test
Areas included in the 2003 guideline that have been reviewed for new evidence as part of the update	Full blood count (haemoglobin, white blood cell count, platelet count) Kidney function tests (urea, estimated glomerular filtration rate, electrolytes)

Areas for inclusion in the preoperative tests Delphi survey	
	Lung function tests (peak expiratory flow rate, forced vital capacity, forced expiratory volume) (ASA2 and above) Blood gases (ASA2 and above) Resting electrocardiogram (ECG)
New areas that were not reviewed in the 2003 guideline	HbA1c (glycated haemoglobin)

Expert group

The NCGC technical team identified relevant health professionals from those registered as stakeholders for the guideline and other health professional experts identified by GDG members. The final list of proposed participants was reviewed and signed off by NICE. The initial aim was to recruit over 100 people to form an expert group to participate in a modified formal Delphi consensus survey. An invitation was sent out to potential participants outlining the content of the survey, methods to be used and timeframe for completion. A 'core' expert group was identified, comprising anaesthetist, surgeon and nursing organisations with expertise in the use of routine preoperative tests included in the survey. Other specialists were invited to respond to the areas of the survey that lie within their area of expertise, and opt out of other sections. Information about the survey was available on the NICE website, as well as social media, outlining the areas of expertise required to participate.

The issue of patient organisation involvement was discussed, but it was decided not to include these organisations in the expert group. The GDG deliberated about this and came to the conclusion that as the aim of the exercise to ascertain views on current practice, individual patients or patient groups would be unlikely to have this knowledge in sufficient detail. However the results of the exercise were discussed by the GDG, which included patient members. Patient views were sought through the consultation process, and patient groups were encouraged to comment at that stage. Members of the GDG and NCGC technical team were not members of the expert group. The modified Delphi approach provides a strong primary research output from the expert group for the GDG to interpret and distil into consensus-based recommendations.

Development of consensus statements

The NCGC technical team identified and confirmed the tests to be included within the survey with the GDG and NICE. This provided the basis for consensus statements to be formulated that featured in Round 1 of the modified Delphi survey.

The NCGC technical team, in collaboration with the GDG, formulated and validated the consensus statements at each round of the survey. Health economic issues were not covered in the consensus statements. Issues around patient consent were also not included in the survey but were considered by the GDG when they were presented with the survey results.

The survey questionnaire was sent to all members of the expert group utilising Survey Monkey software. Responses remained anonymous to the expert group. The whole process was conducted electronically, with a 2-3 week cycle time between rounds. This allowed for the questionnaire invitation to be sent, for reminders to be sent to participants for completion, and for the analysis to be conducted prior to the next sequential round.

After each round, a report of the final results was circulated to all expert group participants for their information. A GDG meeting was convened to present the results alongside any included economic studies. This process was similar to consideration of evidence reviews with final recommendations formulated that populated the agreed areas of the updated preoperative tests guideline. An outline

of the Delphi process features as part of the methods section, and the GDG discussion was captured in the 'recommendations and link to evidence' sections of the guideline to illustrate the rationale used to form recommendations.

Modified Delphi technique

The Round 1 questionnaire was formed from the tests included in the 2003 guideline for those areas not reviewed within the current update, or new areas reviewed in the current update where evidence was considered not to be of sufficient rigour to make a recommendation (see Table 1 above).

Three iterations (sequential rounds) were conducted via Survey Monkey to ensure high return from the invited group of participants was maintained.

The expert group of participants rated each round of statements using a Likert scale (1 meaning strongly disagree and 9 meaning strongly agree).

Participants were given the following instructions to help them complete the survey:

1. Please note that the survey is only asking about adults undergoing non-cardiac surgery. We are not asking any questions about children or pregnant women or those undergoing cardiac and neurosurgery.
2. Please note that the survey is only asking about cardiovascular, diabetes, obesity, renal and respiratory comorbidities. We are not asking any questions about any other comorbidity.
3. Please start the survey by indicating your current work discipline, work setting, location and career grade.
4. The survey has classified surgery using a grading scale accounting for the invasiveness of surgery (below):

Surgery grade	Explanation
Minor (grade 1)	For example excision of lesion of skin; breast lump excision
Intermediate (grade 2)	For example primary repair of inguinal hernia; removal of tonsil; knee arthroscopy
Major (grade 3)	For example total abdominal hysterectomy; partial removal of prostate using an endoscope; removal of part of a damaged disc from the spine or removal of thyroid
Complex (grade 4)	For example removal of the lower intestine, removal of cancerous lymph nodes from neck

5. The survey uses The American Society of Anesthesiologists (ASA) Physical Status Classification System as a simple scale describing a person's fitness to be given an anaesthetic for a procedure (below):

ASA grade	Explanation
ASA grade 1	A normal healthy patient (that is, without any clinically important comorbidity and without a clinically significant past/present medical history)
ASA grade 2	A patient with mild systemic disease
ASA grade 3	A patient with severe systemic disease
ASA grade 4	A patient with severe systemic disease that is a constant threat to life

6. We encourage you to answer all the questions you are able to; however, for areas where you may not have experience, please indicate this by selecting: 'I do not have the expertise to answer'.
7. Indicate areas where you would not use a specific test by selecting 'I do not use X for routine elective surgery'
8. Please use comment boxes if you have any specific comments (that is, regarding age classification, appropriateness of test populations).

Duplicate results were removed, and results from previous rounds were summarised and communicated to participants through Survey Monkey. In the second and third rounds of the survey, participants were invited to re-rate the statements for areas where consensus had not been reached in the preceding round. Only those who had completed the previous rounds remained within the survey. A threshold of 70% is acknowledged in the literature as a recognised measure of consensus for each statement and statements reaching this threshold were not included in subsequent rounds. The results were grouped and interpreted as follows:

Numbers	Interpretation
1-3	Strongly disagree that the test to be used for this population
4-6	Unsure if the test should be used or not for this population
7-9	Strongly agree the test should be used for this population

Quantitative data results were summarised using levels (rates of agreement/disagreement) and where appropriate measures of central tendency (means, median, and mode) and level of dispersion (standard deviation and inter-quartile range) in order to present information concerning the collective judgments of respondents.

Qualitative data (where open-ended questions were used) was presented through conventional themed analysis. Qualitative data was only sought in the first two rounds of the report. The following questions were asked:

Round	Questions
1	i) Would the age of the patient influence your decision on whether to use the test? ii) If you have scored 4 or higher in this question, for which comorbidity would you consider performing the test? Would the age of the patient influence your decision on whether to use the test?
2	i) Would the age of the patient influence your decision on whether to use the test? If yes, please specify the age at which your approach might change? ii) For which comorbidity or comorbidities would you consider performing the test? Would the age of the patient influence your decision on whether to use the test? If yes, please specify the age at which your approach might change.

GDG meetings

The consensus statements emerging from the iterative modified Delphi technique were presented to the GDG and formed the basis of discussion. The GDG formulated recommendations based on the consensus statements and any economic evidence. The Delphi survey participants did not attend any GDG meetings and did not play any part in decision-making or formulation of new recommendations, or in the editing/changing of recommendations made previously.

1.3 Summary

Table 1: Round by round summary

Round	Number of participants	Number of questions achieving consensus	Number of questions not achieving consensus
Round 1	189	75	49
Round 2	109	5	44
Round 3	76	7	37

1.4 Chest X-ray

Participants were asked whether chest X-ray should be used as a routine preoperative test for the following ASA grades and comorbidities:

1.4.1 Delphi statements where consensus was reached

Table 2: All surgery grades and comorbidities

	Results % (round in which consensus was achieved)
I do use chest X-ray tests for routine elective surgery	23.20%
I do not use chest X-ray tests for routine elective surgery	74.74%
I do not have the expertise to answer	2.06%

Over 70% respondents indicated that chest X-ray should not be used. The test was removed from the next round of the survey for all surgery grades and comorbidities.

1.5 Resting electrocardiography (ECG)

Participants were asked whether resting ECG tests should be used as a routine preoperative test for the following ASA grades and comorbidities:

1.5.1 Delphi statements where consensus was reached

Table 3: ASA1

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	86.22 strongly disagree (round 1)

Table 4: ASA2 with cardiovascular comorbidity

Surgery grade	Results % (round in which consensus was achieved)
Intermediate surgery	79.38 strongly agree (round 1)
Major or complex surgery	83.04 strongly agree (round 1)

Table 5: ASA3 or ASA4 with cardiovascular comorbidity

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	75.58 strongly agree (round 1)
Intermediate surgery	81.07 strongly agree (round 1)
Major or complex surgery	84.79 strongly agree (round 1)

Table 6: ASA2 with diabetes, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Intermediate surgery	76.19 strongly agree (round 2)
Major or complex surgery	79.65 strongly agree (round 1)

Table 7: ASA3 or ASA4 with diabetes, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	76.05 strongly agree (round 3)
Intermediate surgery	77.77 strongly agree (round 1)
Major or complex surgery	83.82 strongly agree (round 1)

1.5.2 Delphi statements where consensus was not reached

Table 8: ASA1

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Intermediate surgery	1	63.37	16.86
Major or complex surgery		36.00	21.71
Intermediate surgery	2	64.68	14.64
Major or complex surgery		28.28	50.59
Intermediate surgery	3	66.67	9.72
Major or complex surgery		36.11	36.10

Table 9: ASA2 with cardiovascular comorbidity

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Minor surgery	1	22.73	24.43
	2	12.95	47.21
	3	17.81	64.39

Table 10: ASA2 with diabetes, respiratory, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Minor surgery	1	26.70	24.43

Surgery grade		Results %	
	2	20.23	48.81
	3	22.91	44.45

Table 11: Narrative summary of free text response:

Round Questions	Common themes
1.	1. ASA grade 1 (all surgery): There is a clear majority of people who think that age should be considered. Where specified, the exact cut-off is unclear, but generally ranges from 50-60 years. (122 out of 136) 2. Cardiovascular comorbidity (all surgery): All patients with cardiovascular comorbidity should have an ECG, age does not matter. (Unanimous across all three surgery grades, over 90% of answers). 3. Other comorbidities: All comorbidities associated with cardiovascular risk (no clear consensus which comorbidities) should have an ECG, age does not matter.
2	1. ASA grade 1 (all surgery): All patients over 60 should have test, particularly those undergoing intermediate and complex surgery. 2. Cardiovascular comorbidity (all surgery): All patients with cardiovascular comorbidity should have an ECG, age does not matter. 3. Other comorbidities: General theme is that all comorbidities should have test. Particular emphasis on diabetes and renal disorders. Age is a factor, particularly for over 60.

1.6 Full Blood Count

This part of the survey asked participants whether full blood count tests should be used as a routine preoperative test for the following ASA grades and comorbidities:

1.6.1 Delphi statements where consensus was reached

Table 12: ASA1

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	88.55 strongly disagree (round 1)
Major or complex surgery	79.16 strongly agree (round 1)

Table 13: ASA2 with cardiovascular, diabetes, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Major or complex surgery	83.33 strongly agree (round 1)

Table 14: ASA3 or ASA4 with cardiovascular, diabetes, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	74.28 strongly agree (round 3)
Intermediate surgery	75.59 strongly agree (round 1)

Surgery grade	Results % (round in which consensus was achieved)
Major or complex surgery	87.50 strongly agree (round 1)

1.6.2 Delphi statements where consensus was not reached

Table 15: ASA1

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Intermediate surgery	1	46.75	17.16
	2	59.74	13.25
	3	53.43	17.81

Table 16: ASA2 with cardiovascular, diabetes, respiratory, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Minor surgery	1	44.38	17.16
Intermediate surgery		21.76	48.82
Minor surgery	2	35.81	30.86
Intermediate surgery		10.84	63.86
Minor surgery	3	36.11	31.94
Intermediate surgery		8.22	57.54

Table 17: Narrative Summary

Round	Common themes
1	1. ASA grade 1 (all surgery): Over half indicated that age should not be considered. Of the group who did suggest an age cut off no clear point was obvious, but >60 years maybe. 2. Comorbidities (minor and intermediate): Comorbidities (excluding obesity for some) are more important than age. Some suggestion at a cut-off in patients >60 but spurious. 3. Comorbidities (major): No effect of age and all surgery types should be offered.
2	ASA grade 1 (all surgery): No clear consensus. Should be considered if patient is at high risk of anaemia. Comorbidities (minor and intermediate): The test should be conducted in all comorbidities. Some suggestion at a cut-off in patients but unclear (estimated to be around 60).

1.7 Haemostasis tests

This part of the survey asked participants whether haemostasis tests should be used as a routine preoperative test for the following ASA grades and comorbidities:

1.7.1 Delphi statements where consensus was reached

Table 18: ASA1

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	96.31% strongly disagree (round 1)
Intermediate surgery	88.95% strongly disagree (round 1)
Major or complex surgery	73.45% strongly disagree (round 1)

Table 19: ASA2 with cardiovascular, diabetes, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	85.80 strongly disagree (round 1)
Intermediate surgery	72.04 strongly disagree (round 1)

Table 20: ASA3 or ASA4 with cardiovascular, diabetes, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	78.88 strongly disagree (round 1)

1.7.2 Delphi statements where consensus was not reached

Table 21: ASA2 with cardiovascular, diabetes, respiratory, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Major or complex	1	55.63	18.75
	2	40.74	34.56
	3	46.27	32.84

Table 22: ASA3 or ASA4 with cardiovascular, diabetes, respiratory, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Intermediate surgery	1	59.88	19.14
Major surgery		50.93	40.00
Intermediate surgery	2	51.22	25.62
Major surgery		30.49	51.23
Intermediate surgery	3	59.15	16.9
Major surgery		33.8	47.89

Table 23: Narrative summary

Round	Common themes

Round	Common themes
1	1. No comments ASA grade 1 2. ASA grade 2 comorbidities (minor/intermediate): Age does not matter, possibly focus on renal and cardiovascular groups. 3. ASA grade 3-4 comorbidities (major): Age does not matter and all comorbidities should be considered.
2	1. Comorbidities (minor/intermediate) all grades: Age is not important. Consider anticoagulants and patients with severe renal disorders. 2. Comorbidities (major) all grades: No specific comorbidity.

1.8 Urine tests

This part of the survey asked participants whether urine tests should be used as a routine preoperative test for the following ASA grades and comorbidities:

1.8.1 Delphi statements where consensus was reached

Table 24: ASA1

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	86.45 strongly disagree (round 1)
Intermediate surgery	77.41 strongly disagree (round 1)

Table 25: ASA2 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	75.32 strongly disagree (round 1)

Table 26: ASA3 or ASA4 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	70.20 strongly disagree (round 1)

1.8.2 Delphi statements where consensus was not reached

Table 27: ASA1

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Major or complex	1	66.87	26.11
	2	59.26	28.4
	3	63.76	23.2

Table 28: ASA2 with diabetes

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree

Surgery grade		Results %	
Minor surgery	1	69.62	22.78
Intermediate surgery		63.05	29.75
Major or complex surgery		61.54	34.62
Minor surgery	2	54.43	21.52
Intermediate surgery		45.57	35.44
Major or complex surgery		42.86	30.01
Minor surgery	3	55.88	25.0
Intermediate surgery		44.12	38.24
Major or complex surgery		32.84	50.75

Table 29: ASA2 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Intermediate surgery	1	68.35	23.42
Major or complex surgery		63.69	33.75
Intermediate surgery	2	50.63	24.04
Major or complex surgery		39.44	28.17
Intermediate surgery	3	52.18	23.19
Major or complex surgery		40.58	42.03

Table 30: ASA3 or ASA4 with diabetes

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Minor surgery	1	64.56	27.22
Intermediate surgery		61.15	31.85
Major or complex surgery		60.65	34.19
Minor surgery	2	43.75	33.75
Intermediate surgery		37.5	43.75
Major or complex surgery		32.4	42.25
Minor surgery	3	43.29	32.84
Intermediate surgery		36.23	43.47
Major or complex surgery		31.34	58.21

Table 31: ASA3 or ASA4 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree

Surgery grade		Results %	
Intermediate surgery	1	65.19	27.21
Major or complex surgery		62.42	35.03
Intermediate surgery	2	41.78	36.7
Major or complex surgery		35.75	41.43
Intermediate surgery	3	42.03	30.44
Major or complex surgery		36.23	42.03

Table 32: Narrative summary

Round	Common themes
1	1. ASA grade 1 (all surgery): Age does not matter 2. ASA grade 2-4 diabetes (all surgery): Age does not matter 3. Other comorbidities (all surgery): Age does not matter; renal (maybe cardiovascular) comorbidities may require additional consideration
2	1. ASA1 (all surgery): Age does not matter. 2. ASA grade 2-4 diabetes (all surgery): Age does not matter 3. Other comorbidities (all surgery): Age does not matter; renal comorbidities may require additional consideration.

1.9 Kidney function tests

This part of the survey asked participants whether kidney function tests should be used as a routine preoperative test for the following ASA grades and comorbidities:

1.9.1 Delphi statements where consensus was reached

Table 33: ASA1

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	90.26 strongly disagree (round 1)

Table 34: ASA2 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Major or complex surgery	85.91 strongly agree (round 3)

Table 35: ASA3 or ASA4 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Intermediate surgery	77.46 strongly agree (round 3)
Major or complex surgery	95.77 strongly agree (round 3)

1.9.2 Delphi statements where consensus was not reached

Table 36: ASA1

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Intermediate surgery	1	62.99	14.28
Major surgery		26.31	60.53
Intermediate surgery	2	61.25	15.0
Major surgery		21.25	66.25
Intermediate surgery	3	59.15	14.09
Major surgery		12.68	59.16

Table 37: ASA2 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Minor surgery	1	24.84	35.29
Intermediate surgery		20.53	54.30
Minor surgery	2	34.61	39.75
Intermediate surgery		8.75	63.75
Minor surgery	3	28.17	38.03
Intermediate surgery		12.67	59.16

Table 38: ASA3 or ASA4 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Minor	1	20.00	58.00
	2	12.66	68.35
	3	4.29	67.14

Table 39: Narrative summary

Round	Common themes
1	1. ASA grade 1 (all surgery): Over 70% think that there should be an age cut-off. Where specified an age of 60 seems most appropriate but unclear how this is split between surgery level (complex/major) only. 2. Other comorbidities (all surgery): Age does not matter; renal (CV maybe) comorbidities may require additional consideration. Generally in all comorbidities but specifically in renal.
2	1. ASA grade 1 (all surgery): Age should be considered. A threshold ranging from 40-70 with most centred around 60. 2. Other comorbidities (all surgery): Age does not matter; renal, diabetes and cardiovascular comorbidities may require additional consideration.

1.10 Blood gases

This part of the survey asked participants whether blood gas testing should be used as a routine preoperative test for the following ASA grades and comorbidities:

1.10.1 Delphi statements where consensus was reached

Table 40: ASA2 with obesity

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	98.69 strongly disagree (round 1)
Intermediate surgery	94.77 strongly disagree (round 1)
Major or complex surgery	85.62 strongly disagree (round 1)

Table 41: ASA3 or ASA4 with obesity

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	90.85 strongly disagree (round 1)
Intermediate surgery	84.31 strongly disagree (round 1)
Major or complex surgery	74.51 strongly disagree (round 1)

Table 42: ASA2 with respiratory comorbidity

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	95.39 strongly disagree (round 1)
Intermediate surgery	89.33 strongly disagree (round 1)
Major or complex surgery	78.28 strongly disagree (round 1)

Table 43: ASA3 or ASA4 with respiratory comorbidity

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	89.95 strongly disagree (round 1)
Intermediate surgery	80.79 strongly disagree (round 1)

Table 44: ASA2 with cardiovascular or renal comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	97.36 strongly disagree (round 1)
Intermediate surgery	96.00 strongly disagree (round 1)
Major or complex surgery	86.09 strongly disagree (round 1)

Table 45: ASA3 or ASA4 with cardiovascular or renal comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	96.02 strongly disagree (round 1)
Intermediate surgery	92.00 strongly disagree (round 1)
Major or complex surgery	88.74 strongly disagree (round 1)

1.10.2 Delphi statements where consensus was not reached

Table 46: ASA3 or ASA4 with respiratory comorbidity

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Major or complex surgery	1	69.07	21.70
	2	19.74	51.32
	3	36.37	33.34

Table 47: Narrative summary

Round	Common themes
1	1. Obesity comorbidity (all surgery and grades): Age does not matter. 2. Respiratory comorbidity (all surgery and grades): Age does not matter. 3. Other comorbidity (all surgery and grades): Age does not matter no clear additional comorbidity.
2	1. Age has no influence for any age or comorbidity.

1.11 Lung function

This part of the survey asked participants whether lung function tests should be used as a routine preoperative test for the following ASA grades and comorbidities:

1.11.1 Delphi statements where consensus was reached

Table 48: ASA2 with respiratory comorbidity

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	89.80 strongly disagree (round 1)
Intermediate surgery	71.43 strongly disagree (round 1)

Table 49: ASA3 or ASA4 with respiratory comorbidity

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	72.60 strongly disagree (round 1)
Major or complex surgery	73.24 strongly agree (round 3)

Table 50: ASA2 with cardiovascular, diabetes, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	89.58 strongly disagree (round 1)
Intermediate surgery	79.45 strongly disagree (round 1)

Table 51: ASA3 or ASA4 with cardiovascular, diabetes, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	80.55 strongly disagree (round 1)
Intermediate surgery	70.83 strongly disagree (round 1)

1.11.2 Delphi statements where consensus was not reached

Table 52: ASA2 with respiratory comorbidity

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Major or complex surgery	1	45.89	34.24
	2	24.05	51.9
	3	21.13	43.66

Table 53: ASA3 or ASA4 with respiratory comorbidity

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Intermediate surgery	1	49.32	23.28
	2	21.05	39.47
	3	26.76	30.97

Table 54: ASA2 with cardiovascular, diabetes, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Major or complex surgery	1	62.76	20.00
	2	54.54	19.48
	3	46.48	30.99

Table 55: ASA3 or ASA4 with cardiovascular, diabetes, renal or obesity comorbidities

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Major or complex surgery	1	54.11	32.19
	2	35.9	43.59
	3	37.14	40.0

Table 56: Narrative summary

Round	Common themes
1	1. Respiratory comorbidity (all surgery and grades): Age does not matter. 2. Other comorbidity (all surgery and grades): Age does not matter – cardiovascular comorbidities may need additional consideration (maybe obesity).

Round	Common themes
2	1. Obesity should be considered in most populations for testing. 2. Age has no influence.

1.12 HbA1c testing

This part of the survey asked participants whether HbA1c testing should be used as a routine preoperative test for the following ASA grades and comorbidities:

1.12.1 Delphi statements where consensus was reached

Table 57: ASA1

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	97.29 strongly disagree (round 1)
Intermediate surgery	95.27 strongly disagree (round 1)
Major or complex surgery	92.52 strongly disagree (round 1)

Table 58: ASA2 with diabetes comorbidity

Surgery grade	Results % (round in which consensus was achieved)
Major or complex surgery	75.72 strongly agree (round 2)

Table 59: ASA3 or ASA4 with diabetes comorbidity

Surgery grade	Results % (round in which consensus was achieved)
Intermediate surgery	71.83 strongly agree (round 3)
Major or complex surgery	77.47 strongly agree (round 2)

Table 60: ASA2 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	96.62 strongly disagree (round 1)
Intermediate surgery	83.67 strongly disagree (round 1)
Major or complex surgery	76.35 strongly disagree (round 1)

Table 61: ASA3 or ASA4 with cardiovascular, respiratory, renal or obesity comorbidities

Surgery grade	Results % (round in which consensus was achieved)
Minor surgery	85.14 strongly disagree (round 1)
Intermediate surgery	78.08 strongly disagree (round 1)
Major or complex surgery	73.10 strongly disagree (round 1)

1.12.2 Delphi statements where consensus was not reached

Table 62: ASA2 with diabetes comorbidity

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Minor surgery	1	59.45	28.37
Intermediate surgery		44.59	39.12
Minor surgery	2	45.68	33.33
Intermediate surgery		25.0	55.0
Minor surgery	3	39.43	38.02
Intermediate surgery		11.27	52.12

Table 63: ASA3 or ASA4 with diabetes comorbidity

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Minor	1	50.34	36.05
	2	30.38	49.36
	3	23.94	57.75

Table 64: Narrative summary

Round	Common themes
1	1. ASA grade 1 (all surgery and grades): Age does not matter 2. Diabetes (all surgery and grades): Age does not matter 3. Other comorbidity (all surgery and grades): Age does not matter – obesity comorbidities may need additional consideration
2	1. Diabetes (all surgery and grades): Age does not matter 2. Other comorbidity (all surgery and grades): Obesity should be tested when diabetes is suspected

1.13 Pregnancy testing

This part of the survey asked participants what criteria should be used to determine whether or not to offer pregnancy testing as a routine preoperative test.

Table 65: Narrative summary

Round	Common themes
1	Common themes include: Patient consent should be considered but the test should be performed due to risk of X-ray, particularly to those who are sexually active
2	Generally preformed in all population unless they can prove they are not pregnant (i.e. hysterectomy). Consent should be sought

1.14 Sickle cell

This part of the survey asked participants whether they would perform screening for sickle cell haemoglobinopathy as a routine preoperative test in the following groups:

1.14.1 Delphi statements where consensus was achieved

Table 66: West African origin

Surgery grade	Results % (round in which consensus was achieved)
All surgery grades	78.95 strongly agree (round 1)

Table 67: South/sub-Saharan African origin

Surgery grade	Results % (round in which consensus was achieved)
All surgery grades	79.56 strongly agree (round 1)

Table 68: African-Caribbean origin

Surgery grade	Results % (round in which consensus was achieved)
All surgery grades	84.21 strongly agree (round 1)

1.14.2 Delphi statements where consensus was not reached

Table 69: North African origin

Surgery grade		Results %	
	Round of Delphi	Strongly disagree	Strongly agree
Minor	1	41.25	42.65
	2	22.07	48.06
	3	16.17	69.12

Table 70: Narrative summary

Round	Common themes
1	Common themes included: Should be tested but depends on surgery type (specifically in more severe surgeries with greater blood loss. Should South Asian population be considered? Consent should always be gained.
2	N/A

2 Demographics

2.1 Demographic results

2.1.1 Round 1

2.1.1.1 Career grade

Table 71: Career grade of participants

Band 5	Band 6	Band 7	Band 8	CT	ST	SAS	Consultant
6 (3%) responders	8 (4%) responders	11 (6%) responders	7 (4%) responders	4 (2%) responders	10 (5%) responders	4 (2%) responders	139 (74%) responders

2.1.1.2 Geographic location

Table 72: Geographic location of participants

East Midlands	East of England	Greater London	North East England	North West England	Northern Ireland	Scotland	South East England	South West England	Wales	West Midlands	Yorkshire and the Humber
13 (7%) responders	13 (7%) responders	23 (12%) responders	13 (7%) responders	16 (8%) responders	3 (2%) responders	8 (4%) responders	31 (16 %) responders	17 (9%) responders	11 (6%) responders	21 (11%) responders	20 (11%) responders

2.1.2 Round 2

2.1.2.1 Career grade

Table 73: Career grade of participants

Band 5	Band 6	Band 7	Band 8	CT	ST	SAS	Consultant
2 (2%) responders	5 (4%) responders	6 (5%) responders	5 (5%) responders	1 (1%) responders	4 (4%) responders	3 (3%) responders	83 (76%)

Band 5	Band 6	Band 7	Band 8	CT	ST	SAS	Consultant
							responders

2.1.2.2 Geographic location

Table 74: Geographic location of participants

East Midlands	East of England	Greater London	North East England	North West England	Northern Ireland	Scotland	South East England	South West England	Wales	West Midlands	Yorkshire and the Humber
9 (8%) responders	6 (5%) responders	11 (10%) responders	10 (9%) responders	12 (11%) responders	1 (1%) responders	5 (5%) responders	20 (18%) responders	12 (11%) responders	6 (6%) responders	5 (5%) responders	12 (11%) responders

2.1.3 Round 3

2.1.3.1 Career grade

Table 75: Career grade of participants

Band 5	Band 6	Band 7	Band 8	CT	ST	SAS	Consultant
2 (3%) responders	4 (5%) responders	4 (5%) responders	3 (4%) responders	1 (1%) responders	4 (5%) responders	2 (3%) responders	56 (74%) responders

2.1.3.2 Geographic location

Table 76: Geographic location of participants

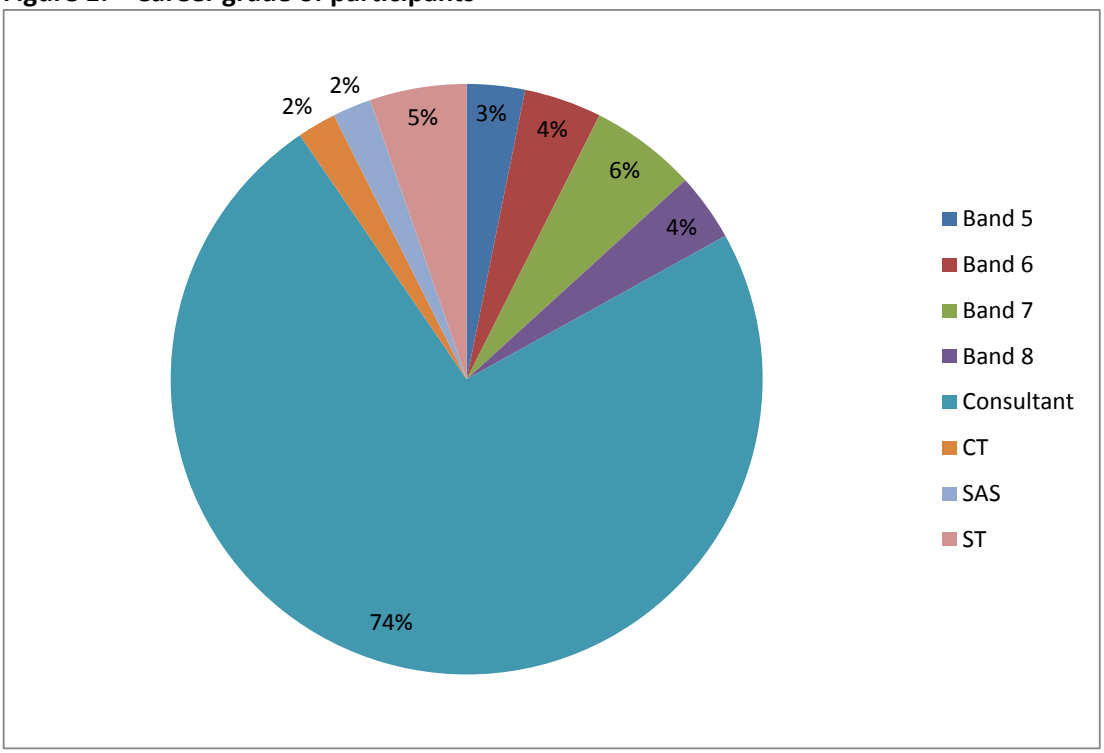
East Midlands	East of England	Greater London	North East England	North West England	Northern Ireland	Scotland	South East England	South West England	Wales	West Midlands	Yorkshire and the Humber
6 (8%) responders	3 (4%) responders	5 (6%) responders	5 (6%) responders	9 (12%) responders	0 (0%) responders	5 (7%) responders	15 (20%) responders	8 (10%) responders	6 (8%) responders	5 (7%) responders	9 (12%) responders

2.2 Demographic analysis

2.2.1 Round 1

2.2.1.1 Career grade

Figure 1: Career grade of participants



2.2.1.1.1 Specialty

Figure 2: Participants with a nursing specialty

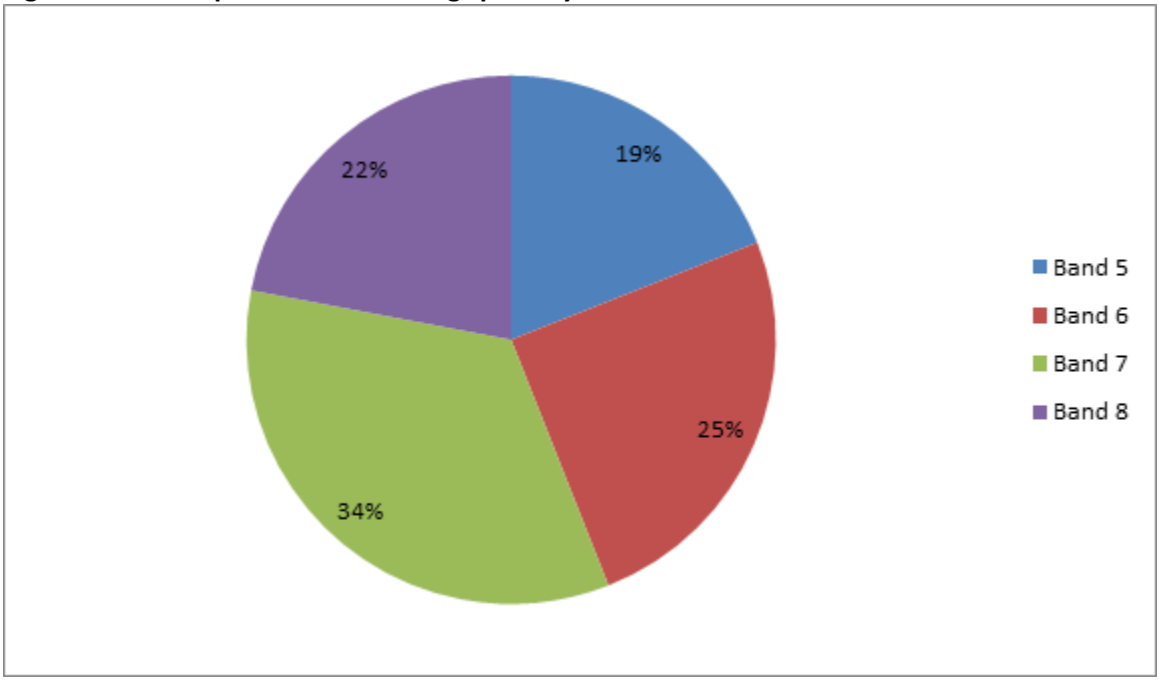
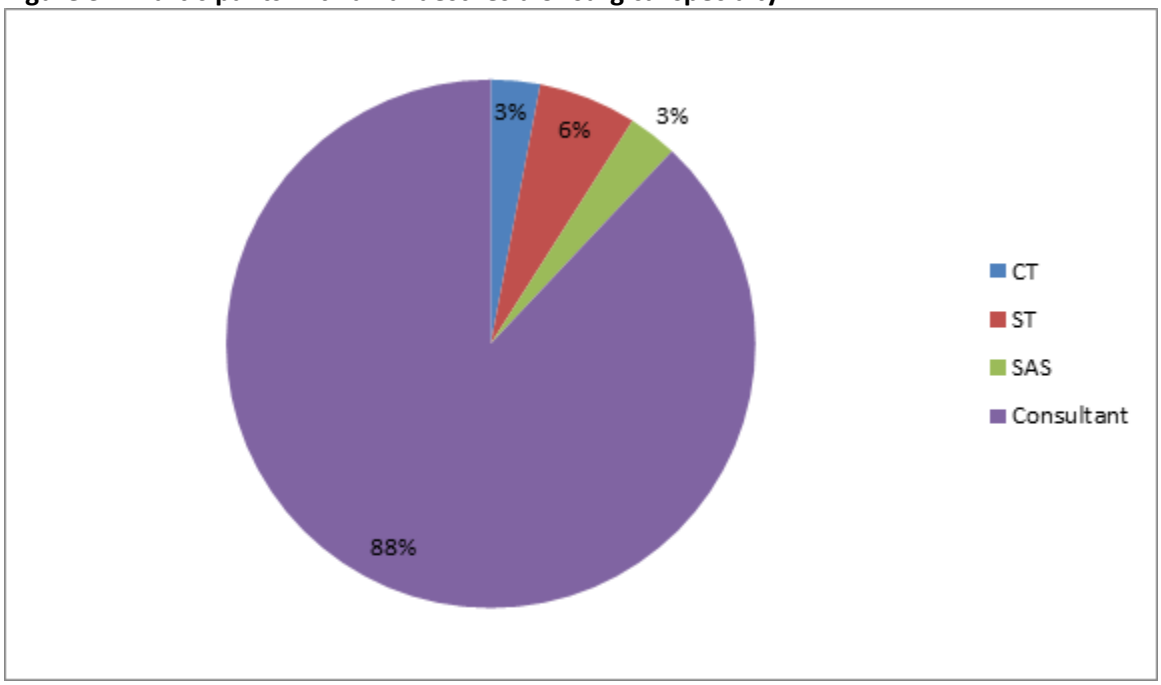
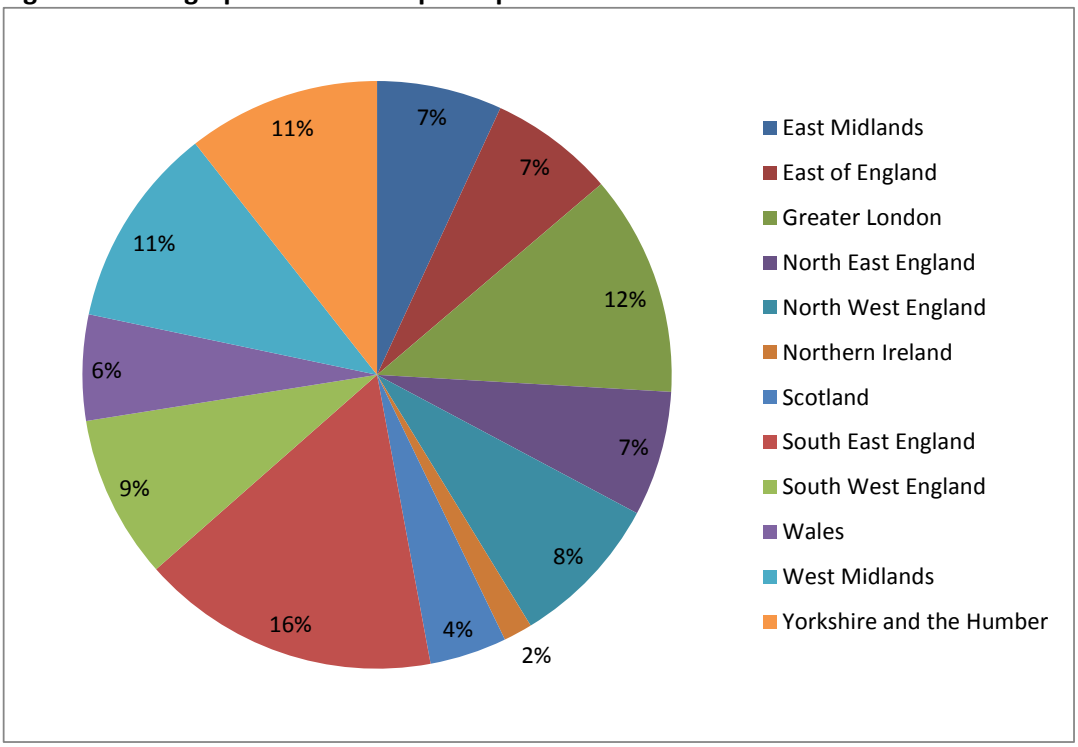


Figure 3: Participants with an anaesthesia or surgical specialty



2.2.1.2 Geographic location

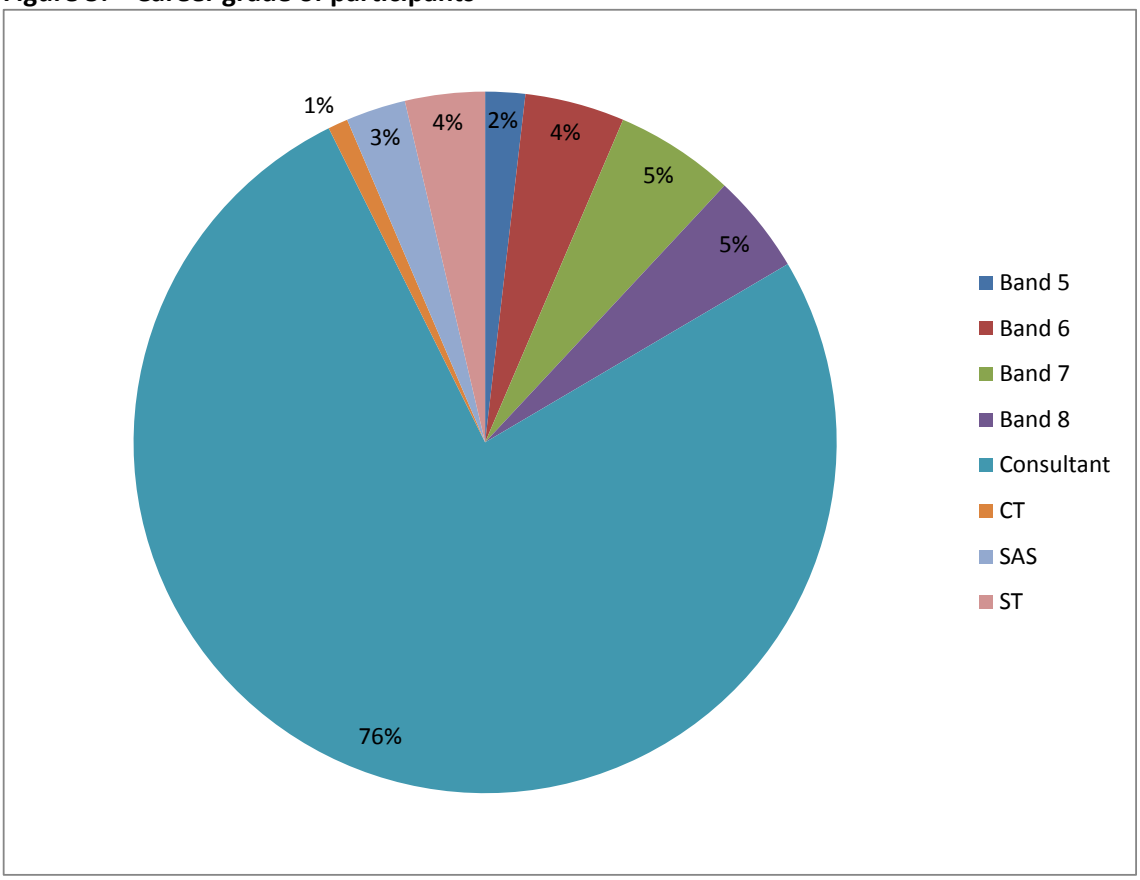
Figure 4: Geographic location of participants



2.2.2 Round 2

2.2.2.1 Career grade

Figure 5: Career grade of participants



2.2.2.1.1 Specialty

Figure 6: Participants with a nursing specialty

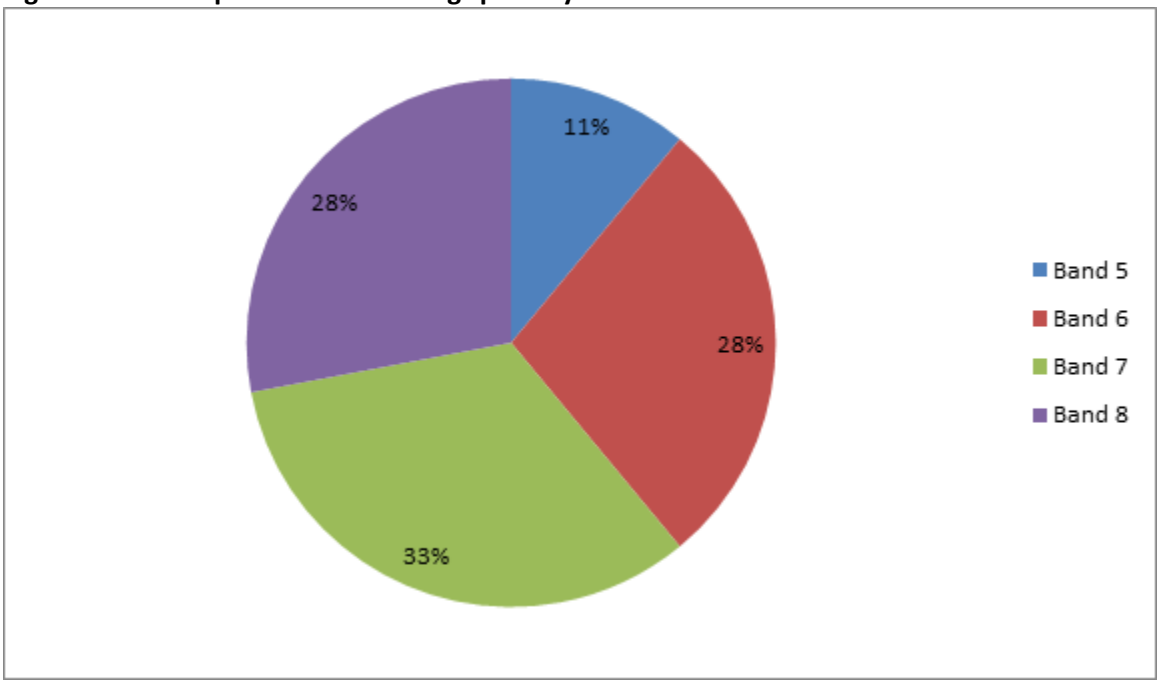
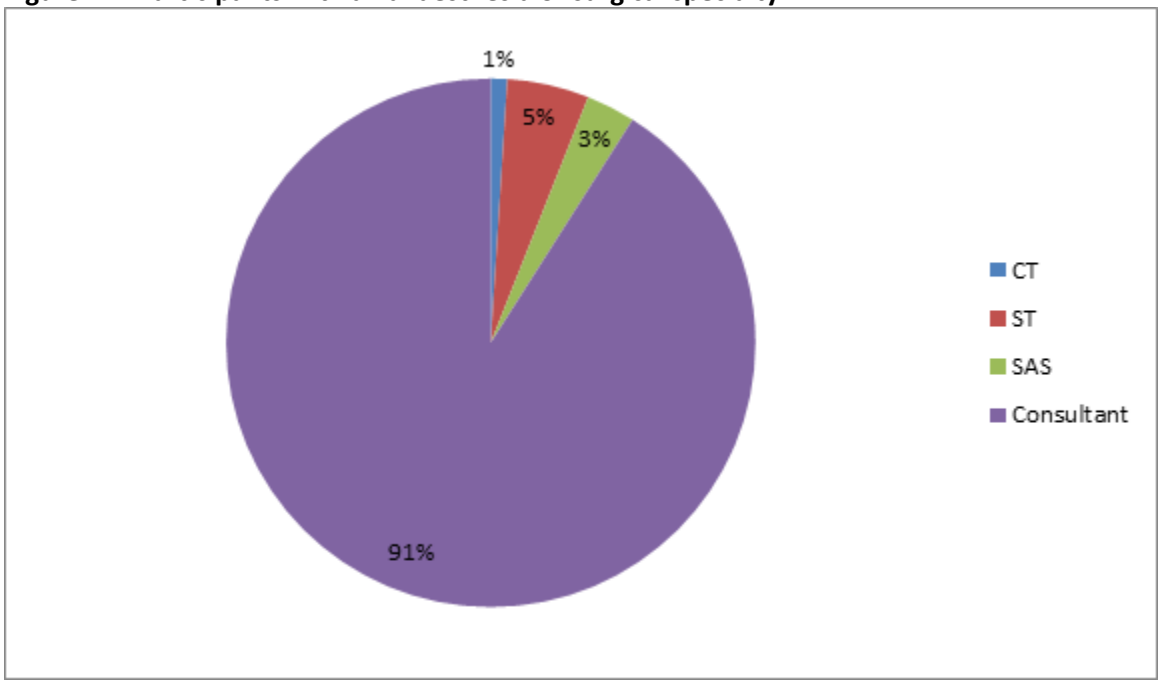
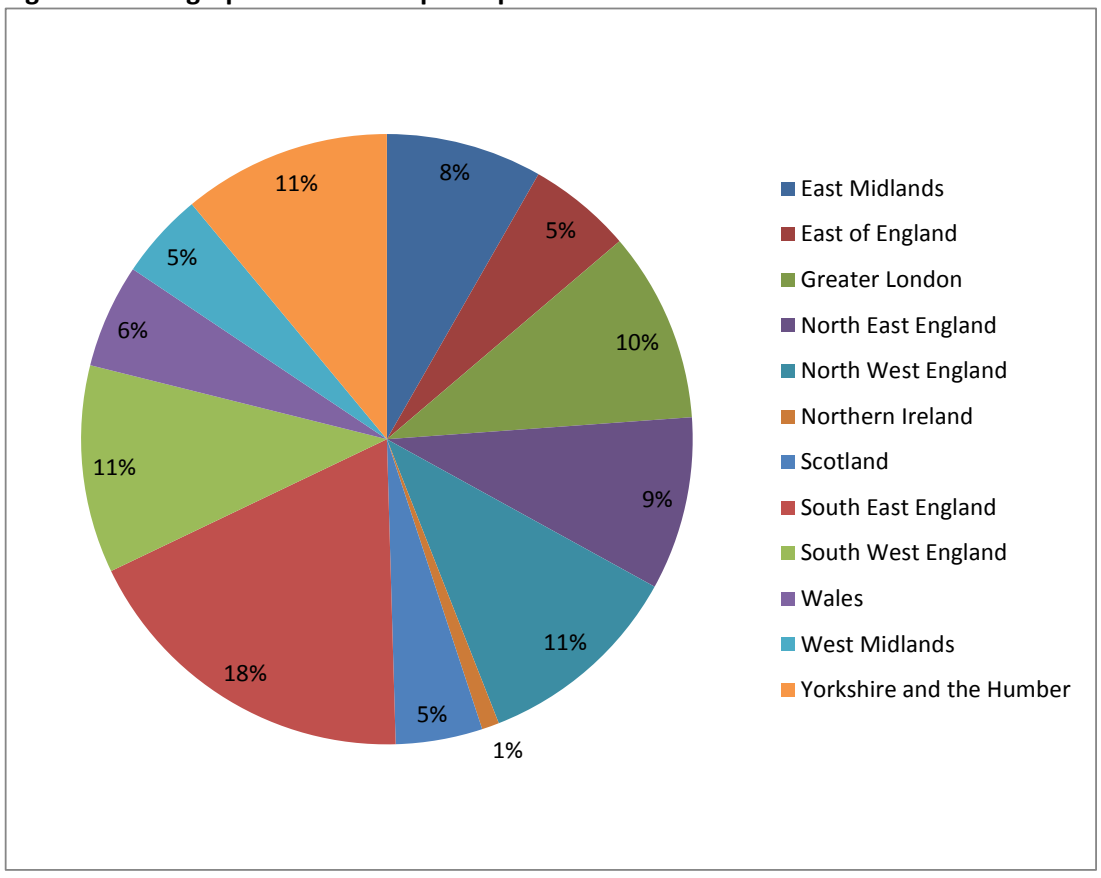


Figure 7: Participants with an anaesthesia or surgical specialty



2.2.2.2 Geographic location

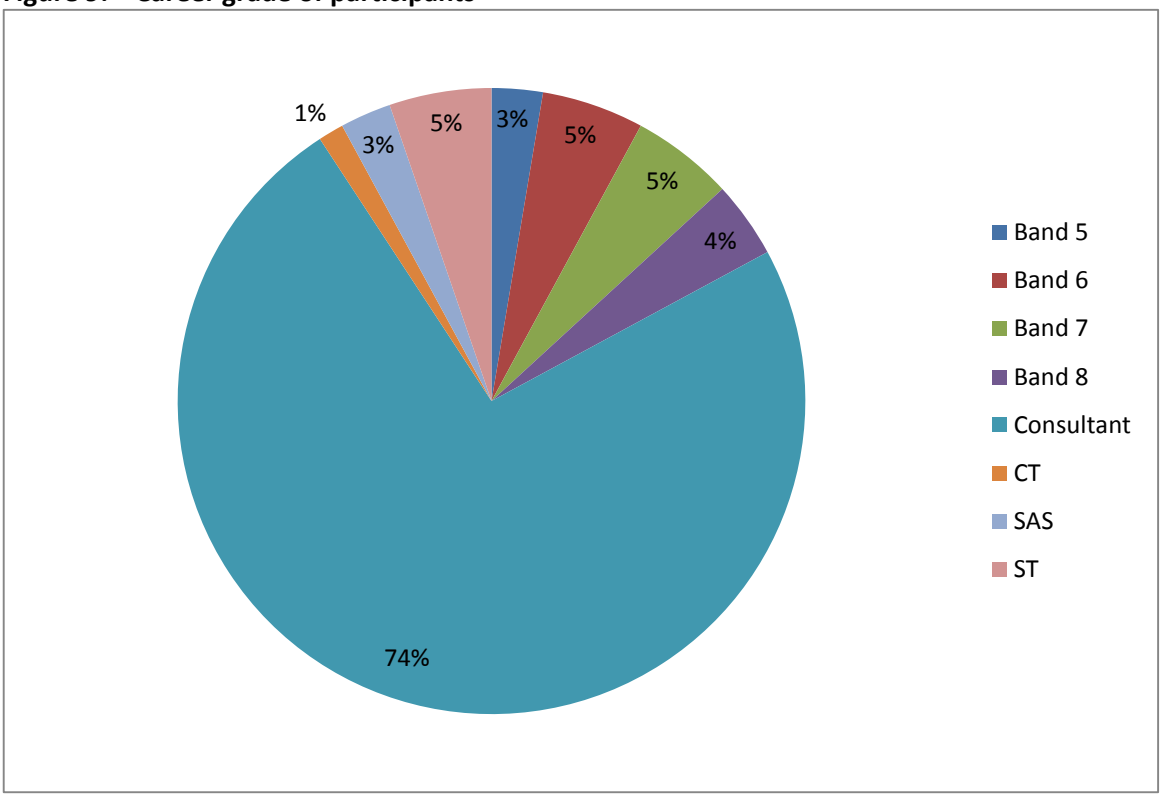
Figure 8: Geographic location of participants



2.2.3 Round 3

2.2.3.1 Career grade

Figure 9: Career grade of participants



2.2.3.1.1 Specialty

Figure 10: Participants with a nursing specialty

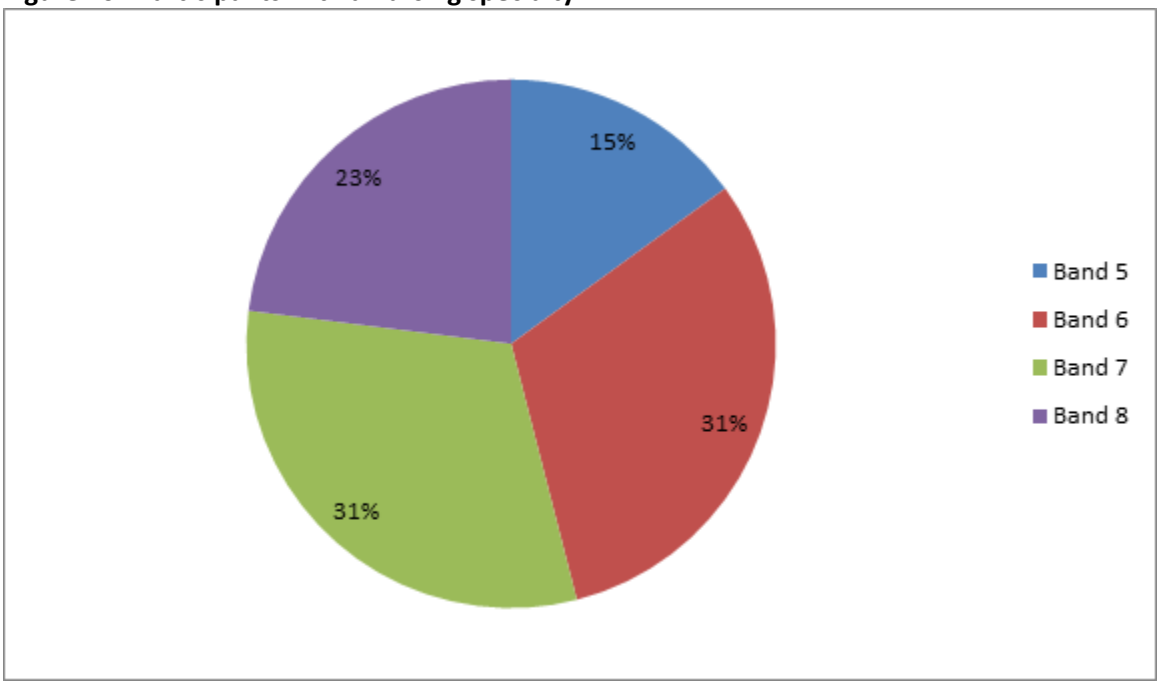
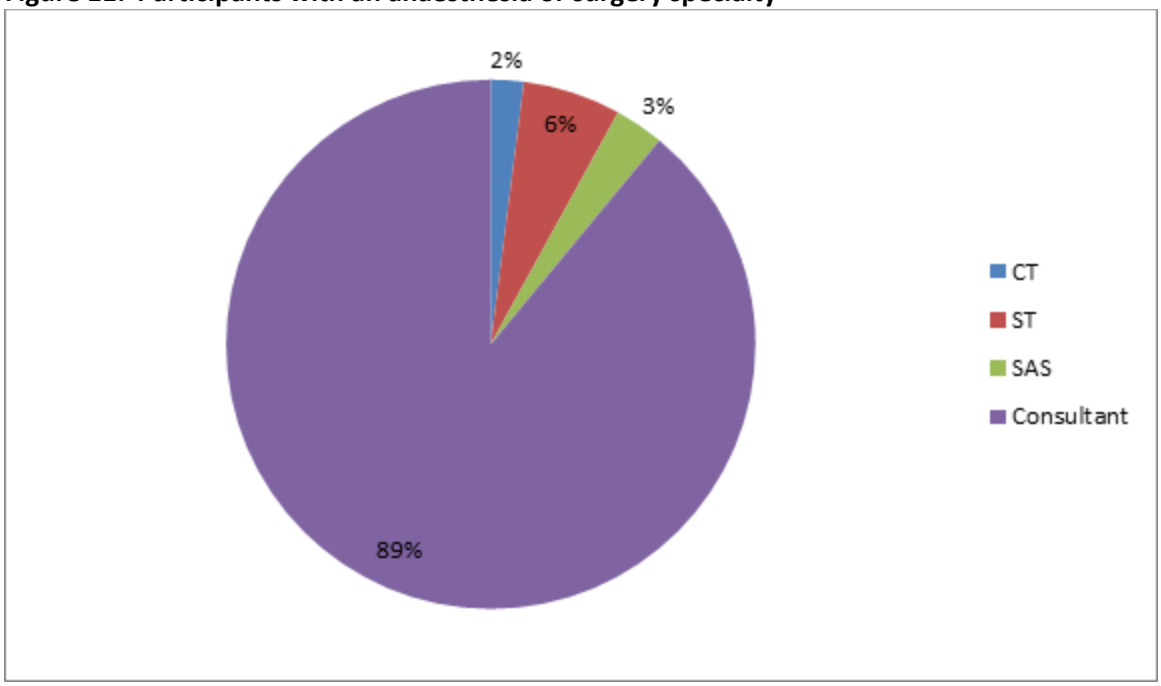
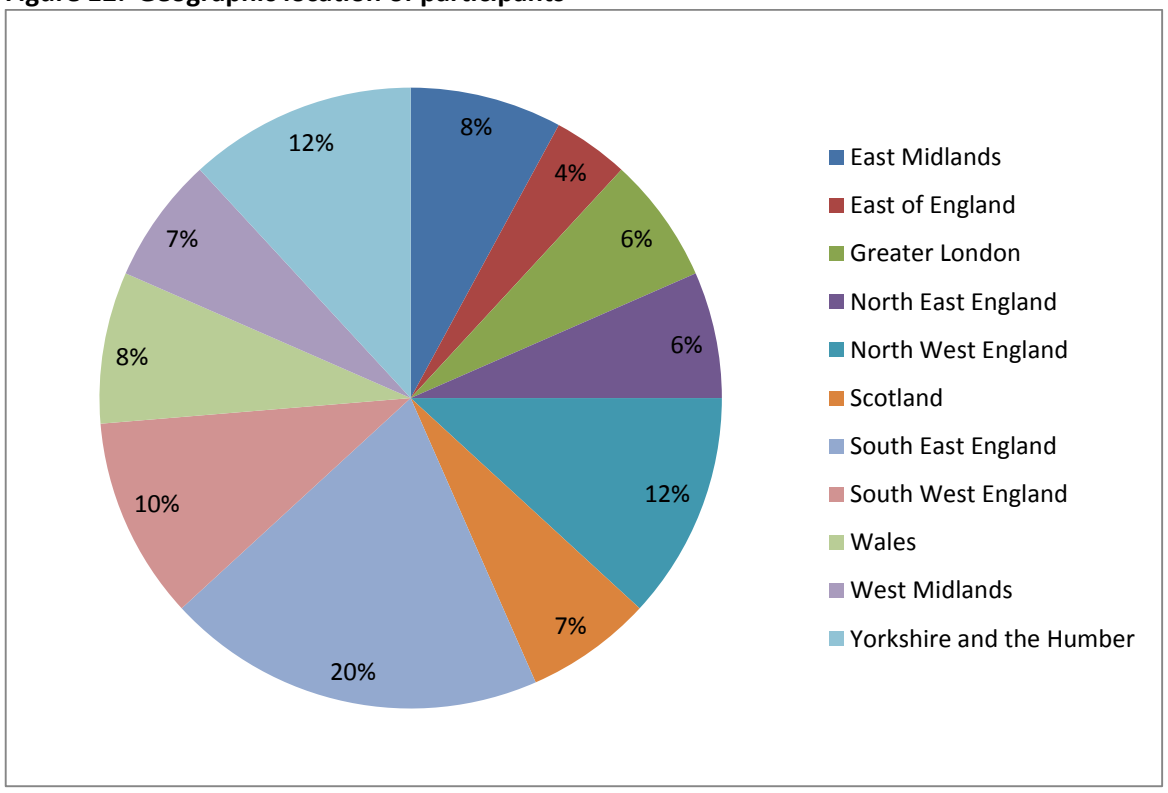


Figure 11: Participants with an anaesthesia or surgery specialty



2.2.3.2 Geographic location

Figure 12: Geographic location of participants



3 Results

3.1 Round 1

3.1.1 Chest X-ray

3.1.1.1 Would you consider using chest X-ray as a routine preoperative test for a patient undergoing elective surgery?

Answer Choices	Responses	
Yes (selecting this option will direct you to the chest X-ray section)	23.20%	45
I do not use chest X-ray tests for routine elective surgery (selecting this option will redirect you to the next section/test)	74.74%	145
I do not have the expertise to answer (selecting this option will redirect you to the next section/test)	2.06%	4
Total	194	

3.1.2 Resting electrocardiography

3.1.2.1 Resting electrocardiography (ECG) should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Minor	61.84%	14.47 %	7.24 %	1.97 %	6.58 %	0.66 %	0.00 %	1.3 2%	5.92%	152
	94	22	11	3	10	1	0	2	9	
Intermediate	35.29%	12.42 %	11.11 %	5.88 %	10.46 %	5.88 %	7.84 %	3.9 2%	7.19%	153
	54	19	17	9	16	9	12	6	11	
Major or complex	14.74%	5.13 %	8.33 %	2.56 %	7.05 %	5.77 %	13.46 %	5.1 3%	37.82%	156
	23	8	13	4	11	9	21	8	59	

3.1.2.2 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with a cardiovascular comorbidity undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	5.73%	2.55 %	5.10 %	3.82 %	6.37 %	8.28 %	8.92 %	10.19 %	49.04%	157
	9	4	8	6	10	13	14	16	77	
ASA 3 or	1.27%	0.64 %	2.55 %	1.27 %	5.10 %	3.82 %	6.37 %	4.46%	74.52%	157
4	2	1	4	2	8	6	10	7	117	

3.1.2.3 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with a cardiovascular comorbidity undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	1.94%	2.58 %	2.58 %	0.65 %	3.23 %	4.52 %	11.61 %	10.97 %	61.94%	155
	3	4	4	1	5	7	18	17	96	
ASA 3 or	1.30%	0.00 %	1.30 %	1.30 %	2.60 %	1.95 %	7.14%	7.14%	77.27%	154
4	2	0	2	2	4	3	11	11	119	

3.1.2.4 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with a cardiovascular comorbidity undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	0.64%	0.64 %	1.28 %	1.28 %	0.64 %	1.92 %	3.85 %	5.77 %	83.97%	156
	1	1	2	2	1	3	6	9	131	
ASA 3 or	0.64%	0.00 %	0.64 %	0.00 %	0.00 %	3.21 %	1.28 %	3.85 %	90.38%	156
4	1	0	1	0	0	5	2	6	141	

3.1.2.5 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with one or more of the following comorbidities (diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	7.01%	4.46 %	6.37 %	10.19 %	8.92 %	10.19 %	12.10 %	7.64 %	33.12%	157
	11	7	10	16	14	16	19	12	52	
ASA 3 or	3.87%	0.00 %	1.94 %	7.10%	3.87 %	7.10%	10.97 %	9.68 %	55.48%	155
4	6	0	3	11	6	11	17	15	86	

3.1.2.6 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with one or more of the following comorbidities (diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	4.43%	2.53 %	3.16 %	5.06 %	8.86 %	7.59 %	15.82 %	8.86%	43.67%	158
	7	4	5	8	14	12	25	14	69	
ASA 3 or	2.56%	1.28 %	1.28 %	0.00 %	3.85 %	3.21 %	9.62%	14.74 %	63.46%	156
4	4	2	2	0	6	5	15	23	99	

3.1.2.7 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with one or more of the following comorbidities (diabetes, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	2.55%	0.00 %	0.64 %	1.27 %	1.27 %	4.46 %	6.37 %	8.28 %	75.16%	157
	4	0	1	2	2	7	10	13	118	
ASA 3 or	1.27%	0.00 %	0.63 %	1.27 %	0.63 %	1.90 %	3.16 %	5.70 %	85.44%	158
4	2	0	1	2	1	3	5	9	135	

3.1.3 Full blood count

3.1.3.1 Full blood count should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Minor	64.05%	16.99 %	5.23 %	4.58 %	1.31 %	1.31 %	0.65 %	0.6 5%	5.23%	153
	98	26	8	7	2	2	1	1	8	
Intermediate	25.97%	7.79 %	7.79 %	11.69 %	20.13 %	7.79 %	3.90 %	4.5 5%	10.39%	154
	40	12	12	18	31	12	6	7	16	
Major or complex	2.58%	1.29 %	1.29 %	1.94 %	1.29 %	4.52 %	9.03 %	11. 61%	66.45%	155
	4	2	2	3	2	7	14	18	103	

3.1.3.2 Full blood count should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	17.53%	11.69 %	9.74 %	9.09 %	12.34 %	7.79 %	7.79%	3.25%	20.78%	154
	27	18	15	14	19	12	12	5	32	
ASA 3 or	7.84%	5.88%	5.23 %	3.27 %	4.58%	5.88 %	11.11 %	11.11 %	45.10%	153
4	12	9	8	5	7	9	17	17	69	

3.1.3.3 Full blood count should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	5.16%	5.16 %	3.87 %	9.03 %	13.55 %	9.68 %	12.26 %	9.03%	32.26%	155
	8	8	6	14	21	15	19	14	50	
ASA 3 or	1.29%	1.94	1.94	4.52	1.94%	6.45	7.74%	16.13	58.06%	

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
		%	%	%		%		%		155
4	2	3	3	7	3	10	12	25	90	

3.1.3.4 Full blood count should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	1.29%	0.00 %	0.65 %	0.65 %	1.94 %	3.87 %	7.10 %	5.16 %	79.35%	155
	2	0	1	1	3	6	11	8	123	
ASA 3 or	1.29%	0.00 %	0.65 %	0.00 %	0.65 %	1.29 %	5.16 %	7.74 %	83.23%	155
4	2	0	1	0	1	2	8	12	129	

3.1.4 Haemostasis tests

3.1.4.1 Haemostasis tests should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Minor	84.85%	9.09 %	0.00 %	1.01 %	2.02 %	0.00 %	0.00 %	0.00 %	3.03%	99
	84	9	0	1	2	0	0	0	3	
Intermediate	70.71%	7.07 %	4.04 %	4.04 %	5.05 %	3.03 %	2.02 %	0.00 %	4.04%	99
	70	7	4	4	5	3	2	0	4	
Major or complex	45.92%	8.16 %	2.04 %	7.14 %	7.14 %	1.02 %	7.14 %	3.06 %	18.37%	98
	45	8	2	7	7	1	7	3	18	

3.1.4.2 Haemostasis tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	44.90%	16.33 %	15.31 %	6.12 %	6.12 %	2.04 %	0.00 %	1.02 %	8.16%	98
	44	16	15	6	6	2	0	1	8	
ASA 3 or	39.18%	11.34 %	14.43 %	5.15 %	8.25 %	2.06 %	7.22 %	2.06 %	10.31%	97
4	38	11	14	5	8	2	7	2	10	

3.1.4.3 Haemostasis tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	29.90%	10.31 %	13.40 %	12.37 %	13.40 %	3.09 %	5.15 %	2.06 %	10.31%	97
	29	10	13	12	13	3	5	2	10	
ASA 3 or	24.74%	7.22%	11.34 %	9.28%	11.34 %	4.12 %	8.25 %	4.12 %	19.59%	97
4	24	7	11	9	11	4	8	4	19	

3.1.4.4 Haemostasis tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	12.63%	7.37 %	5.26 %	4.21 %	4.21 %	7.37 %	10.53 %	13.68 %	34.74%	95
	12	7	5	4	4	7	10	13	33	
ASA 3 or	10.42%	3.13 %	4.17 %	2.08 %	7.29 %	6.25 %	7.29%	13.54 %	45.83%	96
4	10	3	4	2	7	6	7	13	44	

3.1.5 Urine tests

3.1.5.1 Urine tests should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Minor	53.42%	10.96 %	6.85 %	1.37 %	2.74 %	4.11 %	2.74 %	1.37 %	16.44%	73
	39	8	5	1	2	3	2	1	12	
Intermediate	35.62%	12.33 %	4.11 %	4.11 %	8.22 %	5.48 %	5.48 %	0.00 %	24.66%	73
	26	9	3	3	6	4	4	0	18	
Major or complex	13.70%	8.22%	6.85 %	2.74 %	8.22 %	4.11 %	6.85 %	6.85 %	42.47%	73
	10	6	5	2	6	3	5	5	31	

3.1.5.2 Urine tests should be used as a routine preoperative test for patients with diabetes undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	17.57%	10.81 %	6.76 %	6.76 %	6.76 %	2.70 %	8.11 %	5.41%	35.14%	74
	13	8	5	5	5	2	6	4	26	
ASA 3 or	16.22%	5.41%	2.70 %	5.41 %	5.41 %	6.76 %	5.41 %	10.81 %	41.89%	

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
4	12	4	2	4	4	5	4	8	31	74

3.1.5.3 Urine tests should be used as a routine preoperative test for patients with diabetes undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	15.07%	4.11 %	1.37 %	8.22 %	4.11 %	2.74 %	12.33 %	5.48 %	46.58%	73
	11	3	1	6	3	2	9	4	34	
ASA 3 or	12.33%	2.74 %	1.37 %	5.48 %	5.48 %	4.11 %	9.59%	9.59 %	49.32%	73
4	9	2	1	4	4	3	7	7	36	

3.1.5.4 Urine tests should be used as a routine preoperative test for patients with diabetes undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	13.89%	2.78 %	0.00 %	1.39 %	4.17 %	2.78 %	11.11 %	1.39 %	62.50%	72
	10	2	0	1	3	2	8	1	45	
ASA 3 or	12.68%	2.82 %	0.00 %	2.82 %	2.82 %	4.23 %	7.04%	4.23 %	63.38%	71
4	9	2	0	2	2	3	5	3	45	

3.1.5.5 Urine tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	24.32%	12.16 %	10.81 %	1.35 %	4.05 %	6.76 %	5.41 %	1.35 %	33.78%	74
	18	9	8	1	3	5	4	1	25	
ASA 3 or	18.92%	6.76%	10.81 %	2.70 %	8.11 %	2.70 %	5.41 %	1.35 %	43.24%	74
4	14	5	8	2	6	2	4	1	32	

3.1.5.6 Urine tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	18.92%	8.11 %	5.41 %	8.11 %	5.41 %	4.05 %	9.46 %	0.00 %	40.54%	74
	14	6	4	6	4	3	7	0	30	
ASA 3 or	16.22%	5.41 %	4.05 %	6.76 %	2.70 %	6.76 %	9.46 %	2.70 %	45.95%	74
4	12	4	3	5	2	5	7	2	34	

3.1.5.7 Urine tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	12.33%	2.74 %	6.85 %	2.74 %	0.00 %	2.74 %	15.07 %	4.11 %	53.42%	73
	9	2	5	2	0	2	11	3	39	
ASA 3 or	12.33%	2.74 %	4.11 %	2.74 %	0.00 %	2.74 %	8.22%	8.22 %	58.90%	73
4	9	2	3	2	0	2	6	6	43	

3.1.6 Kidney function tests

3.1.6.1 Kidney function tests should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Minor	66.91%	15.44 %	6.62 %	4.41 %	1.47 %	0.00 %	0.74 %	0.0 0%	4.41%	136
	91	21	9	6	2	0	1	0	6	
Intermediate	39.71%	8.82 %	9.56 %	8.82 %	11.03 %	5.88 %	3.68 %	3.6 8%	8.82%	136
	54	12	13	12	15	8	5	5	12	
Major or complex	11.94%	2.24 %	2.24 %	2.99 %	6.72 %	5.22 %	11.19 %	11. 94%	45.52%	134
	16	3	3	4	9	7	15	16	61	

3.1.6.2 Kidney function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	9.63%	11.85 %	6.67 %	14.07 %	11.85 %	5.93 %	6.67 %	4.44%	28.89%	135
	13	16	9	19	16	8	9	6	39	
ASA 3 or	4.55%	1.52%	3.03 %	6.06%	9.09%	9.85 %	8.33 %	10.61 %	46.97%	132
4	6	2	4	8	12	13	11	14	62	

3.1.6.3 Kidney function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	2.26%	3.76 %	3.76 %	12.03 %	8.27 %	8.27 %	11.28 %	9.77%	40.60%	133
	3	5	5	16	11	11	15	13	54	
ASA 3 or	1.48%	0.00	0.00	2.96%	5.19	5.93	11.85	11.11	61.48%	

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
		%	%		%	%	%	%		135
4	2	0	0	4	7	8	16	15	83	

3.1.6.4 Kidney function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	0.75%	0.00 %	0.00 %	0.00 %	2.99 %	4.48 %	8.96 %	7.46 %	75.37%	134
	1	0	0	0	4	6	12	10	101	
ASA 3 or	0.74%	0.00 %	0.00 %	0.00 %	2.21 %	2.94 %	4.41 %	6.62 %	83.09%	136
4	1	0	0	0	3	4	6	9	113	

3.1.7 Blood gases

3.1.7.1 Blood gases should be used as a routine preoperative test for patients with obesity undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	81.48%	11.11 %	3.70 %	1.85 %	0.00 %	0.00 %	0.00 %	0.00 %	1.85%	54
	44	6	2	1	0	0	0	0	1	
ASA 3 or	61.11%	7.41%	5.56 %	5.56 %	9.26 %	5.56 %	1.85 %	0.00 %	3.70%	54
4	33	4	3	3	5	3	1	0	2	

3.1.7.2 Blood gases should be used as a routine preoperative test for patients with obesity undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	51.85%	11.11 %	22.22 %	0.00 %	11.11 %	1.85%	0.00 %	0.00 %	1.85%	54
	28	6	12	0	6	1	0	0	1	
ASA 3 or	40.74%	3.70%	11.11 %	5.56 %	16.67 %	11.11 %	9.26 %	0.00 %	1.85%	54
4	22	2	6	3	9	6	5	0	1	

3.1.7.3 Blood gases should be used as a routine preoperative test for patients with obesity undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	38.89%	11.11 %	9.26 %	7.41%	9.26%	5.56 %	7.41 %	1.85 %	9.26%	54
	21	6	5	4	5	3	4	1	5	
ASA 3 or	18.52%	5.56%	3.70	12.96	11.11	7.41	9.26	3.70	27.78%	

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
			%	%	%	%	%	%		54
4	10	3	2	7	6	4	5	2	15	

3.1.7.4 Blood gases should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	64.15%	7.55 %	15.09 %	1.89 %	5.66 %	1.89 %	3.77 %	0.00 %	0.00%	53
	34	4	8	1	3	1	2	0	0	
ASA 3 or	37.74%	5.66 %	26.42 %	3.77 %	7.55 %	7.55 %	3.77 %	0.00 %	7.55%	53
4	20	3	14	2	4	4	2	0	4	

3.1.7.5 Blood gases should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	49.02%	11.76 %	7.84%	5.88 %	13.73 %	1.96 %	7.84%	0.00 %	1.96%	51
	25	6	4	3	7	1	4	0	1	
ASA 3 or	26.92%	5.77%	11.54 %	7.69 %	17.31 %	5.77 %	11.54 %	3.85 %	9.62%	52
4	14	3	6	4	9	3	6	2	5	

3.1.7.6 Blood gases should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	20.75%	9.43 %	7.55 %	11.32 %	9.43%	9.43 %	7.55%	5.66 %	18.87%	53
	11	5	4	6	5	5	4	3	10	
ASA 3 or	9.43%	1.89 %	0.00 %	7.55%	11.32 %	7.55 %	15.09 %	9.43 %	37.74%	53
4	5	1	0	4	6	4	8	5	20	

3.1.7.7 Blood gases should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes or renal) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	71.70%	13.21 %	7.55%	3.77 %	3.77 %	0.00 %	0.00 %	0.00 %	0.00%	53
	38	7	4	2	2	0	0	0	0	
ASA 3 or	57.69%	17.31 %	13.46 %	3.85 %	1.92 %	1.92 %	1.92 %	0.00 %	1.92%	52
4	30	9	7	2	1	1	1	0	1	

3.1.7.8 Blood gases should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes or renal) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	60.78%	17.65 %	9.80 %	3.92 %	3.92 %	1.96 %	1.96 %	0.00 %	0.00%	51
	31	9	5	2	2	1	1	0	0	
ASA 3 or	47.06%	19.61 %	9.80 %	7.84 %	7.84 %	3.92 %	1.96 %	1.96 %	0.00%	51
4	24	10	5	4	4	2	1	1	0	

3.1.7.9 Blood gases should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes or renal) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	46.15%	11.54 %	9.62%	5.77 %	9.62 %	1.92 %	3.85 %	3.85 %	7.69%	52
	24	6	5	3	5	1	2	2	4	
ASA 3 or	32.69%	15.38 %	11.54 %	5.77 %	3.85 %	3.85 %	3.85 %	5.77 %	17.31%	52
4	17	8	6	3	2	2	2	3	9	

3.1.8 Lung function tests

3.1.8.1 Lung function tests should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	60.00%	18.00 %	7.00 %	2.00%	3.00 %	3.00 %	2.00 %	0.00 %	5.00%	100
	60	18	7	2	3	3	2	0	5	
ASA 3 or	36.36%	14.14 %	9.09 %	11.11 %	9.09 %	2.02 %	4.04 %	5.05 %	9.09%	99
4	36	14	9	11	9	2	4	5	9	

3.1.8.2 Lung function tests should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	25.00%	18.00 %	15.00 %	9.00%	11.00 %	5.00%	8.00 %	2.00 %	7.00%	100
	25	18	15	9	11	5	8	2	7	
ASA 3 or	11.11%	5.05%	9.09%	10.10 %	11.11 %	19.19 %	9.09 %	9.09 %	16.16%	99
4	11	5	9	10	11	19	9	9	16	

3.1.8.3 Lung function tests should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	6.06%	7.07 %	7.07 %	11.11 %	13.13 %	5.05 %	8.08 %	13.13 %	29.29%	99
	6	7	7	11	13	5	8	13	29	
ASA 3 or	1.01%	1.01 %	0.00 %	2.02%	4.04%	6.06 %	9.09 %	21.21 %	55.56%	99
4	1	1	0	2	4	6	9	21	55	

3.1.8.4 Lung function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	58.76%	21.65 %	4.12%	4.12 %	4.12 %	2.06 %	2.06 %	2.06 %	1.03%	97
	57	21	4	4	4	2	2	2	1	
ASA 3 or	51.55%	9.28%	10.31 %	8.25 %	5.15 %	6.19 %	2.06 %	3.09 %	4.12%	97
4	50	9	10	8	5	6	2	3	4	

3.1.8.5 Lung function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	44.44%	12.12 %	13.13 %	12.12 %	6.06 %	2.02 %	4.04 %	4.04 %	2.02%	99
	44	12	13	12	6	2	4	4	2	
ASA 3 or	36.08%	7.22%	13.40 %	7.22%	9.28 %	7.22 %	6.19 %	5.15 %	8.25%	97
4	35	7	13	7	9	7	6	5	8	

3.1.8.6 Lung function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	25.51%	12.24 %	7.14%	10.20 %	11.22 %	4.08 %	10.20 %	4.08 %	15.31%	98
	25	12	7	10	11	4	10	4	15	
ASA 3 or	16.16%	4.04%	12.12 %	10.10 %	5.05%	5.05 %	13.13 %	6.06 %	28.28%	99
4	16	4	12	10	5	5	13	6	28	

3.1.9 HbA1c tests

3.1.9.1 HbA1c tests should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Minor	90.82%	5.10 %	0.00 %	1.02 %	1.02 %	0.00 %	0.00 %	0.00 %	2.04%	98
	89	5	0	1	1	0	0	0	2	
Intermediate	86.73%	4.08 %	2.04 %	3.06 %	1.02 %	0.00 %	1.02 %	0.00 %	2.04%	98
	85	4	2	3	1	0	1	0	2	
Major or complex	82.47%	4.12 %	2.06 %	2.06 %	1.03 %	3.09 %	1.03 %	0.00 %	4.12%	97
	80	4	2	2	1	3	1	0	4	

3.1.9.2 HbA1c tests should be used as a routine preoperative test for patients with diabetes undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	19.39%	7.14 %	12.24 %	7.14 %	7.14 %	4.08%	6.12 %	5.10 %	31.63%	98
	19	7	12	7	7	4	6	5	31	
ASA 3 or	15.46%	2.06 %	7.22%	6.19 %	4.12 %	10.31 %	6.19 %	6.19 %	42.27%	97
4	15	2	7	6	4	10	6	6	41	

3.1.9.3 HbA1c tests should be used as a routine preoperative test for patients with diabetes undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	8.16%	3.06 %	5.10 %	6.12 %	8.16 %	10.20 %	9.18%	9.18 %	40.82%	98
	8	3	5	6	8	10	9	9	40	
ASA 3 or	4.12%	1.03 %	2.06 %	3.09 %	7.22 %	12.37 %	10.31 %	9.28 %	50.52%	97
4	4	1	2	3	7	12	10	9	49	

3.1.9.4 HbA1c tests should be used as a routine preoperative test for patients with diabetes undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	1.03%	1.03 %	1.03 %	0.00 %	5.15 %	5.15 %	10.31 %	7.22%	69.07%	97
	1	1	1	0	5	5	10	7	67	
ASA 3 or	1.03%	0.00 %	0.00 %	1.03 %	3.09 %	2.06 %	8.25%	10.31 %	74.23%	97
4	1	0	0	1	3	2	8	10	72	

3.1.9.5 HbA1c tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	63.27%	18.37 %	5.10 %	2.04 %	3.06 %	2.04 %	1.02 %	0.00 %	5.10%	98
	62	18	5	2	3	2	1	0	5	
ASA 3 or	62.24%	10.20 %	5.10 %	3.06 %	7.14 %	4.08 %	2.04 %	1.02 %	5.10%	98
4	61	10	5	3	7	4	2	1	5	

3.1.9.6 HbA1c tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	57.73%	11.34 %	6.19 %	6.19 %	4.12 %	5.15 %	3.09 %	0.00 %	6.19%	97
	56	11	6	6	4	5	3	0	6	
ASA 3 or	50.00%	11.46 %	5.21 %	6.25 %	5.21 %	5.21 %	7.29 %	1.04 %	8.33%	96
4	48	11	5	6	5	5	7	1	8	

3.1.9.7 HbA1c tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	51.58%	10.53 %	4.21 %	3.16 %	7.37 %	3.16 %	5.26 %	3.16 %	11.58%	95
	49	10	4	3	7	3	5	3	11	
ASA 3 or	45.26%	10.53 %	3.16 %	3.16 %	7.37 %	2.11 %	6.32 %	6.32 %	15.79%	95
4	43	10	3	3	7	2	6	6	15	

3.1.10 Sickle cell disease/trait

3.1.10.1 Screening for sickle cell haemoglobinopathy should be used as a routine preoperative test for adult patients in the following ethnic groups undergoing elective surgery?

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
North African origin	4.26%	3.19 %	3.19 %	4.26 %	14.89 %	5.32 %	15. 96%	6.3 8%	42.55%	94
	4	3	3	4	14	5	15	6	40	
West African origin	1.05%	2.11 %	1.05 %	2.11 %	11.58 %	3.16 %	13. 68%	10. 53%	54.74%	95
	1	2	1	2	11	3	13	10	52	
South/sub-	2.15%	3.23	2.15	1.08	9.68	2.15	12.	10.	55.91%	

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Saharan		%	%	%	%	%	90%	75%		93
African origin	2	3	2	1	9	2	12	10	52	
African-Caribbean	1.05%	1.05 %	0.00 %	1.05 %	8.42 %	4.21 %	16. 84%	11. 58%	55.79%	95
origin	1	1	0	1	8	4	16	11	53	

3.2 Round 2

3.2.1 Resting electrocardiography

3.2.1.1 Resting electrocardiography (ECG) should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Intermediate	40.24%	13.41 %	10.98 %	9.76 %	7.32 %	3.66 %	6.10 %	1.2 2%	7.32%	
	33	11	9	8	6	3	5	1	6	82
Major or complex	11.76%	7.06 %	9.41 %	4.71 %	1.18 %	15.29 %	10.59 %	11. 76 %	28.24%	
	10	6	8	4	1	13	9	10	24	85

3.2.1.2 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with a cardiovascular comorbidity undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA	8.24%	1.18 %	3.53 %	5.88 %	4.71 %	14.12 %	15.29 %	10.59 %	36.47%	85
2	7	1	3	5	4	12	13	9	31	

3.2.1.3 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with one or more of the following comorbidities (diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA	7.14%	2.38 %	10.71 %	2.38 %	11.90 %	16.67 %	17.86 %	8.33 %	22.62%	84
2	6	2	9	2	10	14	15	7	19	

3.2.1.4 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with one or more of the following comorbidities (diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 3 or	9.46%	6.76 %	8.11 %	5.41 %	6.76 %	10.81 %	9.46 %	5.41 %	37.84%	74
4	7	5	6	4	5	8	7	4	28	

3.2.1.5 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with one or more of the following comorbidities (diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA	3.57%	1.19 %	2.38 %	5.95 %	4.76 %	5.95 %	25.00 %	16.67 %	34.52%	84
2	3	1	2	5	4	5	21	14	29	

3.2.2 Full blood count

3.2.2.1 Full blood count should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following type of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Intermediate	27.71%	25.30 %	7.23 %	7.23 %	9.64 %	9.64 %	3.61 %	4.82 %	4.82%	83
	23	21	6	6	8	8	3	4	4	

3.2.2.2 Full blood count should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	16.05%	12.35 %	7.41 %	8.64 %	11.11 %	13.58 %	8.64%	3.70%	18.52%	81
	13	10	6	7	9	11	7	3	15	
ASA 3 or	6.10%	2.44%	7.32 %	3.66 %	3.66%	8.54%	14.63 %	14.63 %	39.02%	82
4	5	2	6	3	3	7	12	12	32	

3.2.2.3 Full blood count should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA	4.82%	2.41 %	3.61 %	4.82 %	7.23 %	13.25 %	27.71 %	7.23 %	28.92%	83
2	4	2	3	4	6	11	23	6	24	

3.2.3 Haemostasis tests

3.2.3.1 Haemostasis tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 3 or	25.61%	15.85 %	9.76%	8.54 %	7.32 %	7.32 %	12.20 %	4.88 %	8.54%	

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
4	21	13	8	7	6	6	10	4	7	82

3.2.3.2 Haemostasis tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	20.99%	11.11 %	8.64 %	4.94 %	7.41 %	12.35 %	13.58 %	6.17%	14.81%	81
	17	9	7	4	6	10	11	5	12	
ASA 3 or	17.07%	7.32%	6.10 %	4.88 %	6.10 %	7.32%	9.76%	12.20 %	29.27%	82
4	14	6	5	4	5	6	8	10	24	

3.2.4 Urine tests

3.2.4.1 Urine tests should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Major or complex	40.74%	12.35 %	6.17 %	2.47 %	9.88 %	0.00 %	9.88 %	2.47 %	16.05%	81
	33	10	5	2	8	0	8	2	13	

3.2.4.2 Urine tests should be used as a routine preoperative test for patients with diabetes undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	34.18%	15.19 %	5.06 %	7.59 %	6.33 %	10.13 %	2.53 %	3.80%	15.19%	79
	27	12	4	6	5	8	2	3	12	
ASA 3 or	30.00%	8.75%	5.00 %	6.25 %	7.50 %	8.75%	3.75 %	11.25 %	18.75%	80
4	24	7	4	5	6	7	3	9	15	

3.2.4.3 Urine tests should be used as a routine preoperative test for patients with diabetes undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	26.58%	16.46 %	2.53 %	7.59 %	5.06 %	6.33 %	8.86%	6.33 %	20.25%	79
	21	13	2	6	4	5	7	5	16	
ASA 3 or	26.25%	7.50%	3.75 %	7.50 %	6.25 %	5.00 %	13.75 %	6.25 %	23.75%	80
4	21	6	3	6	5	4	11	5	19	

3.2.4.4 Urine tests should be used as a routine preoperative test for patients with diabetes undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	14.29%	18.57 %	10.00 %	4.29 %	14.29 %	8.57 %	2.86 %	4.29 %	22.86%	70
	10	13	7	3	10	6	2	3	16	
ASA 3 or	15.49%	12.68 %	4.23%	7.04 %	15.49 %	2.82 %	7.04 %	7.04 %	28.17%	71
4	11	9	3	5	11	2	5	5	20	

3.2.4.5 Urine tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	32.91%	17.72 %	5.06 %	7.59%	8.86 %	7.59 %	6.33%	2.53 %	11.39%	79
	26	14	4	6	7	6	5	2	9	
ASA 3 or	29.49%	10.26 %	7.69 %	10.26 %	7.69 %	2.56 %	11.54 %	5.13 %	15.38%	78
4	23	8	6	8	6	2	9	4	12	

3.2.4.6 Urine tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	29.11%	12.66 %	8.86 %	7.59 %	6.33%	11.39 %	5.06 %	5.06 %	13.92%	79
	23	10	7	6	5	9	4	4	11	
ASA 3 or	29.11%	10.13 %	2.53 %	3.80 %	12.66 %	5.06%	8.86 %	7.59 %	20.25%	79
4	23	8	2	3	10	4	7	6	16	

3.2.4.7 Urine tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	19.72%	18.31 %	1.41 %	9.86 %	11.27 %	11.27 %	5.63%	1.41%	21.13%	71
	14	13	1	7	8	8	4	1	15	
ASA 3 or	17.14%	15.71 %	2.86 %	4.29 %	8.57%	10.00 %	10.00 %	7.14%	24.29%	70
4	12	11	2	3	6	7	7	5	17	

3.2.5 Kidney function tests

3.2.5.1 Kidney function tests should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Intermediate	38.75%	15.00 %	7.50 %	8.75 %	8.75 %	6.25 %	6.25 %	2.50 %	6.25%	80
	31	12	6	7	7	5	5	2	5	
Major or complex	12.50%	5.00 %	3.75 %	2.50 %	5.00 %	5.00 %	20.00 %	15.0 0%	31.25%	80
	10	4	3	2	4	4	16	12	25	

3.2.5.2 Kidney function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	14.10%	15.38 %	5.13 %	3.85 %	11.54 %	10.26 %	17.95 %	3.85%	17.95%	78
	11	12	4	3	9	8	14	3	14	
ASA 3 or	6.33%	2.53%	3.80 %	2.53 %	10.13 %	6.33%	13.92 %	11.39 %	43.04%	79
4	5	2	3	2	8	5	11	9	34	

3.2.5.3 Kidney function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA	2.50%	2.50 %	3.75 %	8.75 %	7.50 %	11.25 %	21.25 %	13.75 %	28.75%	80
2	2	2	3	7	6	9	17	11	23	

3.2.6 Blood gases

3.2.6.1 Blood gases should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 3 or	9.21%	3.95%	6.58%	9.21%	11.84 %	7.89 %	23.68 %	10.53 %	17.11%	76
4	7	3	5	7	9	6	18	8	13	

3.2.6.2 Blood gases should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes or renal) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	37.33%	20.00 %	9.33 %	16.00 %	4.00 %	4.00 %	4.00 %	1.33 %	4.00%	75
	28	15	7	12	3	3	3	1	3	
ASA 3 or	29.33%	18.67 %	9.33 %	9.33%	5.33 %	8.00 %	5.33 %	8.00 %	6.67%	75
4	22	14	7	7	4	6	4	6	5	

3.2.7 Lung function tests

3.2.7.1 Lung function tests should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 3 or	10.53%	2.63%	7.89%	11.84 %	10.53 %	17.11 %	15.79 %	7.89 %	15.79%	76
4	8	2	6	9	8	13	12	6	12	

3.2.7.2 Lung function tests should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA	12.66%	7.59 %	3.80 %	6.33 %	6.33 %	11.39 %	15.19 %	8.86 %	27.85%	79
2	10	6	3	5	5	9	12	7	22	

3.2.7.3 Lung function tests should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 3 or	9.46%	2.70 %	9.46 %	5.41 %	8.11 %	6.76 %	12.16 %	9.46 %	36.49%	74
4	7	2	7	4	6	5	9	7	27	

3.2.7.4 Lung function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	29.87%	15.58 %	9.09 %	7.79 %	7.79 %	10.39 %	5.19%	1.30%	12.99%	77
	23	12	7	6	6	8	4	1	10	
ASA 3 or	17.95%	10.26 %	7.69 %	5.13 %	6.41 %	8.97%	12.82 %	10.26 %	20.51%	78
4	14	8	6	4	5	7	10	8	16	

3.2.8 HbA1c tests

3.2.8.1 HbA1c tests should be used as a routine preoperative test for patients with diabetes undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	24.69%	12.35 %	8.64 %	7.41 %	4.94 %	8.64 %	9.88%	1.23 %	22.22%	81
	20	10	7	6	4	7	8	1	18	
ASA 3 or	18.99%	3.80%	7.59 %	5.06 %	6.33 %	8.86 %	15.19 %	5.06 %	29.11%	79
4	15	3	6	4	5	7	12	4	23	

3.2.8.2 HbA1c tests should be used as a routine preoperative test for patients with diabetes undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA	11.25%	5.00 %	8.75 %	5.00 %	8.75 %	6.25 %	11.25 %	8.75 %	35.00%	80
2	9	4	7	4	7	5	9	7	28	

3.2.8.3 HbA1c tests should be used as a routine preoperative test for patients with diabetes undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 3 or	1.35%	2.70 %	8.11 %	2.70 %	10.81 %	10.81 %	12.16 %	16.22 %	35.14%	74
4	1	2	6	2	8	8	9	12	26	

3.2.8.4 HbA1c tests should be used as a routine preoperative test for patients with diabetes undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	1.43%	1.43 %	7.14 %	1.43 %	7.14 %	5.71 %	14.29 %	14.29 %	47.14%	70
	1	1	5	1	5	4	10	10	33	
ASA 3 or	1.41%	0.00 %	2.82 %	2.82 %	8.45 %	7.04 %	12.68 %	12.68 %	52.11%	71
4	1	0	2	2	6	5	9	9	37	

3.2.9 Sickle cell disease/trait

3.2.9.1 Screening for sickle cell haemoglobinopathy should be used as a routine preoperative test for adult patients in the following ethnic group undergoing elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
North African	6.49%	7.79 %	7.79 %	6.49 %	12.99 %	10.39 %	9.09 %	14.29 %	24.68%	77
origin	5	6	6	5	10	8	7	11	19	

3.3 Round 3

3.3.1 Resting electrocardiography

3.3.1.1 Resting electrocardiography (ECG) should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Intermediate	41.67%	15.28 %	9.72 %	5.56 %	9.72 %	8.33%	6.94 %	1.39 %	1.39%	72
	30	11	7	4	7	6	5	1	1	
Major or complex	18.06%	8.33%	9.72 %	6.94 %	8.33 %	12.50 %	6.94 %	9.72 %	19.44%	72
	13	6	7	5	6	9	5	7	14	

3.3.1.2 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with a cardiovascular comorbidity undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA	6.85%	2.74 %	8.22 %	5.48 %	4.11 %	8.22 %	15.07 %	15.07 %	34.25%	73
2	5	2	6	4	3	6	11	11	25	

3.3.1.3 Resting electrocardiography (ECG) should be used as a routine preoperative test for patients with one or more of the following comorbidities (diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	6.94%	8.33 %	13.89 %	2.78 %	9.72 %	13.89 %	12.50 %	5.56%	26.39%	72
	5	6	10	2	7	10	9	4	19	
ASA 3 or	0.00%	2.82 %	5.63%	2.82 %	4.23 %	8.45%	15.49 %	16.90 %	43.66%	71
4	0	2	4	2	3	6	11	12	31	

3.3.1.4 Full blood count should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following type of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Intermediate	31.51%	9.59 %	12.33 %	9.59 %	10.96 %	8.22 %	5.48 %	5.48 %	6.85%	73
	23	7	9	7	8	6	4	4	5	

3.3.1.5 Full blood count should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	12.50%	9.72	13.89	6.94	12.50	12.50	8.33%	6.94%	16.67%	

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
		%	%	%	%	%				72
	9	7	10	5	9	9	6	5	12	
ASA 3 or	2.86%	5.71 %	7.14%	0.00 %	1.43%	8.57%	21.43 %	15.71 %	37.14%	70
4	2	4	5	0	1	6	15	11	26	

3.3.1.6 Full blood count should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA	1.37%	2.74 %	4.11 %	6.85 %	6.85 %	20.55 %	16.44 %	13.70 %	27.40%	73
2	1	2	3	5	5	15	12	10	20	

3.3.1.7 Haemostasis tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 3 or	28.17%	15.49 %	15.49 %	5.63 %	9.86 %	8.45 %	4.23 %	5.63 %	7.04%	71
4	20	11	11	4	7	6	3	4	5	

3.3.1.8 Haemostasis tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	23.88%	13.43 %	8.96 %	10.45 %	7.46%	2.99 %	11.94 %	8.96%	11.94%	67
	16	9	6	7	5	2	8	6	8	
ASA 3 or	18.31%	7.04%	8.45 %	2.82%	12.68 %	2.82 %	9.86%	12.68 %	25.35%	71
4	13	5	6	2	9	2	7	9	18	

3.3.1.9 Urine tests should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Major or complex	37.68%	14.49 %	11.59 %	5.80 %	4.35 %	2.90 %	7.25 %	7.25 %	8.70%	69
	26	10	8	4	3	2	5	5	6	

3.3.1.10 Urine tests should be used as a routine preoperative test for patients with diabetes undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	25.00%	20.59 %	10.29 %	10.29 %	2.94 %	5.88 %	5.88%	4.41 %	14.71%	68
	17	14	7	7	2	4	4	3	10	
ASA 3 or	20.90%	13.43 %	8.96%	13.43 %	5.97 %	4.48 %	11.94 %	4.48 %	16.42%	67
4	14	9	6	9	4	3	8	3	11	

3.3.1.11 Urine tests should be used as a routine preoperative test for patients with diabetes undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	19.12%	16.18 %	8.82 %	11.76 %	2.94 %	2.94 %	14.71 %	5.88%	17.65%	68
	13	11	6	8	2	2	10	4	12	
ASA 3 or	18.84%	11.59 %	5.80 %	8.70%	7.25 %	4.35 %	11.59 %	13.04 %	18.84%	69
4	13	8	4	6	5	3	8	9	13	

3.3.1.12 Urine tests should be used as a routine preoperative test for patients with diabetes undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	17.91%	10.45 %	4.48 %	5.97 %	4.48 %	5.97 %	10.45 %	10.45 %	29.85%	67
	12	7	3	4	3	4	7	7	20	
ASA 3 or	16.42%	7.46%	7.46 %	0.00 %	2.99 %	7.46 %	10.45 %	13.43 %	34.33%	67
4	11	5	5	0	2	5	7	9	23	

3.3.1.13 Urine tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	33.82%	23.53 %	8.82%	5.88%	7.35 %	2.94 %	2.94%	4.41 %	10.29%	68
	23	16	6	4	5	2	2	3	7	
ASA 3 or	27.94%	13.24 %	11.76 %	11.76 %	4.41 %	4.41 %	10.29 %	5.88 %	10.29%	68
4	19	9	8	8	3	3	7	4	7	

3.3.1.14 Urine tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	24.64%	18.84 %	8.70 %	10.14 %	8.70%	5.80 %	1.45 %	5.80 %	15.94%	69
	17	13	6	7	6	4	1	4	11	
ASA 3 or	23.19%	11.59 %	7.25 %	10.14 %	11.59 %	5.80 %	5.80 %	7.25 %	17.39%	69
4	16	8	5	7	8	4	4	5	12	

3.3.1.15 Urine tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	23.19%	15.94 %	1.45 %	11.59 %	4.35 %	7.25 %	8.70 %	10.14 %	17.39%	69
	16	11	1	8	3	5	6	7	12	
ASA 3 or	20.29%	11.59 %	4.35 %	5.80%	8.70 %	7.25 %	8.70 %	11.59 %	21.74%	69
4	14	8	3	4	6	5	6	8	15	

3.3.1.16 Kidney function tests should be used as a routine preoperative test for healthy patients with no known comorbidities (ASA 1) undergoing the following types of elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
Intermediate	25.35%	23.94 %	9.86 %	14.08 %	7.04 %	5.63 %	2.82 %	1.4 1%	9.86%	71
	18	17	7	10	5	4	2	1	7	
Major or complex	5.63%	2.82 %	4.23 %	9.86 %	5.63 %	12.68 %	18.31 %	11. 27 %	29.58%	71
	4	2	3	7	4	9	13	8	21	

3.3.1.17 Kidney function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	7.04%	11.27 %	9.86 %	8.45%	15.49 %	9.86%	12.68 %	7.04 %	18.31%	71
	5	8	7	6	11	7	9	5	13	
ASA 3 or	0.00%	2.86%	1.43 %	10.00 %	8.57%	10.00 %	17.14 %	7.14 %	42.86%	70
4	0	2	1	7	6	7	12	5	30	

3.3.1.18 Kidney function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	1.41%	5.63 %	5.63 %	9.86 %	8.45 %	9.86%	21.13 %	12.68 %	25.35%	71
	1	4	4	7	6	7	15	9	18	
ASA 3 or	0.00%	0.00 %	1.41 %	4.23 %	5.63 %	11.27 %	14.08 %	14.08 %	49.30%	71
4	0	0	1	3	4	8	10	10	35	

3.3.1.19 Kidney function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, respiratory, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	0.00%	0.00 %	0.00 %	2.82 %	4.23 %	7.04 %	14.08 %	21.13 %	50.70%	71
	0	0	0	2	3	5	10	15	36	
ASA 3 or	0.00%	0.00 %	0.00 %	0.00 %	0.00 %	4.23 %	9.86%	23.94 %	61.97%	71
4	0	0	0	0	0	3	7	17	44	

3.3.1.20 Blood gases should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 3 or	15.15%	7.58 %	13.64 %	9.09 %	12.12 %	9.09 %	6.06 %	4.55 %	22.73%	66
4	10	5	9	6	8	6	4	3	15	

3.3.1.21 Lung function tests should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 3 or	11.27%	9.86 %	5.63 %	11.27 %	14.08 %	16.90 %	7.04 %	5.63 %	18.31%	71
4	8	7	4	8	10	12	5	4	13	

3.3.1.22 Lung function tests should be used as a routine preoperative test for patients with a respiratory comorbidity undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	8.45%	4.23 %	8.45 %	8.45 %	14.08 %	12.68 %	5.63%	19.72 %	18.31%	71
	6	3	6	6	10	9	4	14	13	
ASA 3 or	2.82%	1.41 %	4.23 %	5.63 %	2.82%	9.86%	21.13 %	14.08 %	38.03%	

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
4	2	1	3	4	2	7	15	10	27	71

3.3.1.23 Lung function tests should be used as a routine preoperative test for patients with one or more of the following comorbidities (cardiovascular, diabetes, renal or obesity) undergoing major or complex elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	28.17%	8.45 %	9.86 %	5.63 %	14.08 %	2.82%	9.86 %	8.45%	12.68%	71
	20	6	7	4	10	2	7	6	9	
ASA 3 or	21.43%	8.57 %	7.14 %	5.71 %	4.29%	12.86 %	7.14 %	11.43 %	21.43%	70
4	15	6	5	4	3	9	5	8	15	

3.3.1.24 HbA1c tests should be used as a routine preoperative test for patients with diabetes undergoing minor elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	14.08%	14.08 %	11.27 %	2.82 %	9.86 %	9.86 %	7.04%	7.04%	23.94%	71
	10	10	8	2	7	7	5	5	17	
ASA 3 or	11.27%	7.04%	5.63%	4.23 %	5.63 %	8.45 %	15.49 %	11.27 %	30.99%	71
4	8	5	4	3	4	6	11	8	22	

3.3.1.25 HbA1c tests should be used as a routine preoperative test for patients with diabetes undergoing intermediate elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
ASA 2	5.63%	4.23 %	1.41 %	8.45 %	11.27 %	16.90 %	12.68 %	8.45%	30.99%	71
	4	3	1	6	8	12	9	6	22	
ASA 3 or	2.82%	1.41 %	2.82 %	1.41 %	5.63%	14.08 %	16.90 %	11.27 %	43.66%	71
4	2	1	2	1	4	10	12	8	31	

3.3.1.26 Screening for sickle cell haemoglobinopathy should be used as a routine preoperative test for adult patients in the following ethnic group undergoing elective surgery

	Strongly disagree 1	2	3	4	5	6	7	8	Strongly agree 9	Total
North African	4.41%	2.94 %	8.82 %	2.94 %	8.82 %	2.94 %	11.76 %	17.6 5%	39.71%	68
origin	3	2	6	2	6	2	8	12	27	