**PROCEDURE**

1. Review complete patient history
2. Perform complete physical examination
3. Evaluate preanesthetic clinical pathology data
4. Assign ASA status and communicate with owner as needed
5. Determine most appropriate anesthetic protocol based on patient evaluation
6. Assess and anticipate patient analgesic requirements
7. Assign/identify dedicated monitoring associate
8. Complete Anesthesia Machine Checklist
9. Administer premedication drugs
10. Perform pre-induction physical examination and proceed to induction if clinically indicated

**GENERAL ANESTHESIA: PATIENT STABILITY AND TIMING**

Is immediate anesthesia required to address a life-threatening situation?
(Immediate anesthesia within 10-15 minutes)

Examples:
- Airway obstruction
- Severe acute hemorrhage

**YES**
- Proceed using Emergency protocol
- See Emergency protocol for details
- After/upon stabilization

**NO**
- Unstable pet:
  - Diagnostic intervention, medical stabilization
- Stable pet:
  - Proceed with most appropriate protocol

**DETERMINE ASA STATUS**

- I-II: There is little to no increase in risk
  - History
  - Clinical Pathology Data
  - Physical Exam

- III-V: Discuss increased risk with the client
  - Maximize preanesthetic medical management
  - Cancel or refer procedure as clinically indicated

**CLINICAL ESSENTIAL**

Address and resolve physical examination abnormalities that may negatively impact anesthesia (e.g., dehydration, obesity) prior to anesthesia when possible, especially with elective procedures.

<table>
<thead>
<tr>
<th>Status</th>
<th>ASA Classification</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Healthy pet, no disease</td>
<td>Elective OVH or castration</td>
</tr>
<tr>
<td>II</td>
<td>Mild systemic disease or localized disease</td>
<td>Healthy geriatric pet, mild anemia or obesity</td>
</tr>
<tr>
<td>III (fair)</td>
<td>Moderate systemic disease limiting activity but not life-threatening</td>
<td>Mitral valve insufficiency, collapsing trachea, poorly controlled diabetes</td>
</tr>
<tr>
<td>IV (poor)</td>
<td>Severe systemic disease; incapacitating; life-threatening; not expected to live without surgery</td>
<td>Hemoabdomen from splenic rupture, severe traumatic pneumothorax, organ failure</td>
</tr>
<tr>
<td>V (grave)</td>
<td>Moribund; not expected to live &gt;24 hours, with or without surgery</td>
<td>Multi-organ failure, severe shock, terminal malignancy</td>
</tr>
</tbody>
</table>

For additional information see the Medical Quality Standards chapter.
## Preanesthetic Clinical Pathology Evaluation

### Parameter | Stop | Considerations | Critical Stop
--- | --- | --- | ---
Blood Glucose (BG) (mg/dL) | **Canine:** >175  
**Feline:** >250 OR < 70 | ■ If high, recheck in a few hours  
■ If non-elective proceed with most appropriate protocol  
■ If low, recheck to ensure accuracy  
■ If non-elective proceed with IV dextrose and recheck frequently | <50 OR >600
Total Protein (TP) (g/dL) | < 2.5 | ■ If non-elective procedure, provide colloid support  
■ If non-elective proceed with appropriate protocol | <3
Albumin (g/dL) | < 3 | ■ If non-elective procedure, provide colloid support  
■ If non-elective procedure, proceed with [Cardiac protocol](#) | <1
Calcium (Ca²⁺) (mg/dL) | <8 OR >12 | ■ Check albumin levels  
■ If non-elective procedure, proceed with Cardiac protocol | <7 OR >16
Sodium (Na⁺) (mEq/L) | <135 OR >170 | ■ Recheck to ensure accuracy, assess hydration and neurologic status | <125 OR >180
Chloride (Cl⁻) (mEq/L) | <100 OR >135 | ■ If hyperchloridemic ensure pet is not receiving KBr | <90 OR >145
Potassium (K⁺) (mEq/L) | <3.5 OR >6 | ■ Obtain ECG tracing  
■ If non-elective procedure, provide appropriate fluid support and recheck K⁺ before proceeding to anesthesia  
■ If K⁺ improves, proceed with appropriate protocol and recheck frequently | <2.5 OR >6
Hematocrit % (HCT)  
Packed Cell Volume % (PCV) | **Canine:** <25 or >55 OR > Feline: <20 or >45 | ■ If non-elective procedure, provide transfusion support for anemia  
■ Assess volume status for hemoconcentration | Feline: <15  
**Canine:** <20 OR >60%
Platelets (/µL) | <200,000 | ■ Confirm with peripheral blood smear and manual count  
■ Confirm as above and perform appropriate diagnostic testing for thrombocytopenia | <60,000
White Blood Cells (WBC) (/µL)  
Neutrophils (/µL) | **WBC <4000**  
**Neutrophils <2000 OR WBC >30,000** | ■ Confirm with blood smear and manual differential count  
■ Perform additional diagnostics to assess  
■ If non-elective procedure, use disease appropriate protocol | WBC <2000 OR Neutrophils <1000
Blood Urea Nitrogen (BUN) (mg/dL) | < normal range  
**Canine:** >27  
**Feline:** >35 | ■ Perform additional diagnostics to assess  
■ Check urine specific gravity (USG) | N/A
Creatinine (mg/dL) | < normal range  
**Canine:** >1.8  
**Feline:** >2.2 | ■ Perform additional diagnostics to assess  
■ Check urine specific gravity (USG) | N/A
Alanine Aminotransferase (ALT) (U/L)  
Alkaline Phosphatase (ALP) (U/L) | **Canine:** >2 x upper limit of normal range  
**Feline:** > normal range | ■ Postpone procedure if appropriate  
■ Hepatic evaluation if medically indicated  
■ If non-elective procedure, use Abdominal/Hepatic protocol | N/A
Bilirubin (mg/dL) | >2.0 | ■ Recheck to assess for iatrogenic hemolysis  
■ Check PCV/HCT/blood smear/slide autoagglutination to evaluate for hemolysis  
■ If non-elective procedure, use Abdominal/Hepatic protocol | N/A

### Clinical Essential

Obtain and review clinical pathology data prior to general anesthesia. Verify, document and address all clinically significant abnormalities prior to premedication, communicate to the team, and discuss with the client. Dismissal of abnormal results is not permitted.

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Content is derived from Anesthesia and Analgesia for the Veterinary Practitioner: Canine and Feline