

ANESTHESIOLOGY  
PREOPERATIVE NOTE

Date	Preoperative Dx:					
	Scheduled Procedure:					
	Age:	Sex:	Ht:	Wt:	lb /	kg
Allergies:						
P:	BP:	T:	O <sub>2</sub> Sat:	NPO:		

**REVIEW OF SYSTEMS** Include details in medical history

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Asthma / COPD	<input type="checkbox"/> HIV Infection	<input type="checkbox"/> Seizures
<input type="checkbox"/> Chest Pain / Angina	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Renal	<input type="checkbox"/> Psychiatric Problem
<input type="checkbox"/> History of MI	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Transfusion	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Neuromuscular	<input type="checkbox"/> Pregnancy / LMP:	<input type="checkbox"/> ETOH
<input type="checkbox"/> Stroke	<input type="checkbox"/> Malignant Hyperthermia	<input type="checkbox"/> Familial Anesthetic HX	<input type="checkbox"/> Drugs
<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Prematurity / Birth Complications	<input type="checkbox"/> Bleeding Problems	
<input type="checkbox"/> Murmur / MVP	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Sickle Cell	
<input type="checkbox"/> Recent URI			

**MEDICAL HISTORY**

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SURGICAL HISTORY				Procedure	Date	ANESTHESIA	Problems
Procedure	Date	ANESTHESIA	Problems				

**MEDICATIONS**

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**PHYSICAL EXAMINATION**

HEENT Teeth

Airway Class I II III IV V

Neck: Cervical ROM Trachea Midline

Heart

Lungs Neuro

Abd Extremity

**LABORATORY STUDIES** Date:

hgb	PT	PTT	electrolytes, BUN, creat, gluc
hct	SC prep	HCG	
platelet			
CXR	EKG		

**OTHER**

PHYSICAL STATUS II III IV V E

**ANESTHETIC PLAN** General Regional Monitored Anesthesia Care Discussed &  pt  family

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\_\_\_\_\_  
SIGNATURE RESIDENT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE ATTENDING

\_\_\_\_\_  
PRINT NAME