

CARDIOVASCULAR (NONE)

- A Hypertension
- B Chest pain undiagnosed
- C Coronary artery disease
- D Angina
- E Prior MI (date _____)
- F S/P PTCA (date _____)
- G S/P bypass (date _____)

- Evaluation: _____
- H Pericardial disease
- I Congestive heart failure
- J Hypotension
- K Arrhythmia (type _____)
- L Pacemaker (type _____)
- M Congenital heart disease
- N Functional class I II III IV
- Exercise tolerance _____
- O Other: _____

PULMONARY (NONE)

- A Asthma
- B COPD
- C Cigarettes ___ pack year
- D Restrictive lung disease
- E Pneumonia
- F Acute URI
- G Sleep apnea
- H Other: _____

RENAL (NONE)

- A Renal insufficiency
- B Renal failure, complete
- C Single kidney
- D Other: _____

METABOLIC (NONE)

- A Obesity
- B Electrolyte abnormality
- C Cachexia/muscle wasting
- D Burn (date _____)
- E Other: _____

NEUROLOGIC (NONE)

- A Vascular insufficiency
- B Altered consciousness
- C Elevated ICP
- D Spinal cord problem
- E Seizure disorder
- F Neuromuscular disorder
- G History of CVA/TIA
- H Vascular abnormality
- I Backache
- J Other: _____

GI (NONE)

- A Reflux
- B Hiatal hernia
- C Ulcer
- D GI bleed
- E Esophageal disease
- F Nausea/vomiting
- G Obstruction/ileus
- H Hepatitis
- I Cirrhosis
- J Other: _____

ENDOCRINE (NONE)

- A Diabetes
- B Hyperthyroid
- C Hypothyroid
- D Adrenal disease
- E Parathyroid
- F Other: _____

RHEUMATOLOGY (NONE)

- A Rheumatoid arthritis
- B Systemic lupus
- C Other: _____

HEMATOLOGY/ONCOLOGY (NONE)

- A Anemia/blood dyscrasia
- B Sickle cell disease
- C Sickle cell trait
- D Malignancy
- E Hx chemo (? adriamycin?)
- F Coagulopathy/thrombocytopenia
- G Other: _____
- H HIV+

Age _____ YR.
 Sex _____ M _____ F
 Females LMP _____ Preg. Y N
 Wt _____ kg Ht _____ in.
 Race B W Other _____

Date of evaluation ____ / ____ / ____ Date of surgery ____ / ____ / ____

Diagnosis _____

Scheduled procedure _____

Alcohol None Social Heavy

Drugs _____ None

FAMILY HISTORY: None

Anesthesia problems
If Yes Specify: _____

AIRWAY EVALUATION: Airway class 1 2 3 4

- A Dec. ROM neck/mandible
- B Anatomic distortion
- C Hoarse, croup, stridor
- D Poor dentition
- E Tracheost/E-T tube
- F Other: _____
- G Normal
- H Dental appliance: Location _____
- Heart _____
- Lungs _____

MEDICATIONS: None

Drug: _____

Schedule: _____

ALLERGIES/DRUG REACTIONS: _____

List drugs and reactions

NKDA

ANESTHESIA HISTORY _____

complications None

PAST SURGICAL HISTORY _____

NARRATIVE SUMMARY MEDICAL HISTORY: _____

EXAM/LAB DATA:



BP _____ CXR _____

HR _____ EKG _____

RR _____ ECHO _____

T _____

PT _____ PTT _____

SAT _____ CATH _____

ASA: 1 2 3 4 5 6 E

Pain management options discussed?

REVIEW BY OR TEAM: NPO: Y N Time NPO: _____

Evaluation and plan: _____

Patient acceptance: _____

Autologous blood _____ T&C _____

Signature: _____ Date: _____
(initial evaluation)

Signature: _____ Date: _____

PACU NOTE: Date _____ Time _____

Physician Signature: _____

POST-OP NOTE: Date _____ Time: _____

Physician Signature: _____

UNIVERSITY HOSPITAL

Patient Label

**ANESTHESIOLOGY
PREOPERATIVE
EVALUATION**