

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 _____)

- 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:

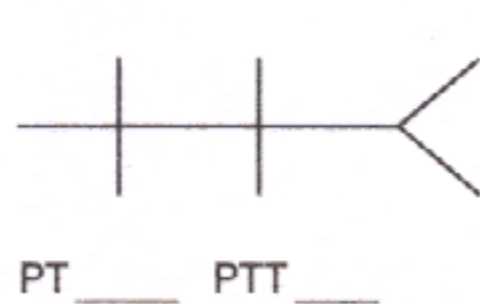
ALLERGIES/DRUG REACTIONS: _____ NKDA
 List drugs and reactions _____

ANESTHESIA HISTORY _____ complications None

PAST SURGICAL HISTORY

NARRATIVE SUMMARY MEDICAL HISTORY:

EXAM/LAB DATA:



BP _____ CXR _____
 HR _____ EKG _____
 RR _____ ECHO _____
 T _____
 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: _____

Patient Label

**ANESTHESIOLOGY
 PREOPERATIVE
 EVALUATION**

DATE _____

Pre OP DX/ICD 9 CODE _____ PREMED _____ EFFECT _____ AGE _____ WGT. _____

OPERATION/CPT CODE _____ ATT. SURGEON _____ ANTIBIOTIC _____ TIME GIVEN _____ DRUG SENSITIVITY _____

ANES #	Start	End	Att Sig.	Res/CRNA	PHYSICAL STATUS
#1					1 2 3 4 5 6 E
#2					<input type="checkbox"/> PT. IDENTIFIED <input type="checkbox"/> CONSENT PRESENT <input type="checkbox"/> CHART REVIEWED
#3					LAST PO INTAKE _____

TIME	TIME										TOTAL	REMARKS
	N ₂ O/O ₂											
ANES START _____												
OP START _____												
OP END _____												
LEAVE OR _____												
END ANES _____												

INDUCTION	ANESTHESIA START X	ANESTHESIA FINISH X	240	TEMP
<input type="checkbox"/> IV <input type="checkbox"/> INHAL <input type="checkbox"/> RECTAL <input type="checkbox"/> IM	1 INTUBATION		220	41°
<input type="checkbox"/> OTHER	P PREP		200	40°
<input type="checkbox"/> PRE O ₂ <input type="checkbox"/> CRICOID PR.	OP START ⊙		200	40°
<input type="checkbox"/> MASK	OP END ⊙		200	40°
AIRWAY <input type="checkbox"/> ORAL <input type="checkbox"/> NASAL	EX-EXTUBATION		180	39°
ETT# _____ AT _____ cm	B.P.		160	38°
<input type="checkbox"/> ORAL <input type="checkbox"/> NASAL	V SYSTOLIC		160	38°
<input type="checkbox"/> TRACHEOSTOMY	A DIASTOLIC		140	37°
<input type="checkbox"/> TOPICAL DRUG _____ ml	X MEAN		140	37°
<input type="checkbox"/> TRANSTRACHEAL	HEART RATE		120	36°
DRUG _____ % _____ ml	Tourniquet up ↑↑		120	36°
<input type="checkbox"/> AWAKE <input type="checkbox"/> RAPID SEQUENCE	Tourniquet down ↓↓		100	35°
<input type="checkbox"/> DIRECT VISION <input type="checkbox"/> BLIND	Temp. T		100	35°
<input type="checkbox"/> FIBEROPTIC <input type="checkbox"/> STYLET	RESP.		80	34°
BLADE# _____ ATTEMPTS _____	S: Spont.		60	33°
DIFFICULT WHY _____	A: Assisted		60	33°
<input type="checkbox"/> END-TIDAL CO ₂	C: Controlled		60	33°
<input type="checkbox"/> BILAT = BS	RATE		40	32°
<input type="checkbox"/> SEMICLOSED CIRCLE	TV		40	32°
<input type="checkbox"/> CLOSED CIRCLE	PIP		20	31°
<input type="checkbox"/> NON REBREATH	PEEP		20	31°
	PRE INDXN		10	30°
	BP HR RR		10	30°

EQUIPMENT CHECKED AND FUNCTIONAL	LAB VALUES	TIME	pH	PaCO ₂	PaO ₂ /FiO ₂	HCO ₃ /BE	Na/K	Hct
<input type="checkbox"/> BP CUFF SITE _____								
<input type="checkbox"/> ART SITE _____								
<input type="checkbox"/> EKG LEAD _____								
<input type="checkbox"/> STETHOSCOPE _____								
<input type="checkbox"/> PRECORDIAL _____								
<input type="checkbox"/> ESOPHAGEAL _____								
<input type="checkbox"/> TEMP SITE _____								

FIO₂ MONITOR AGENT MONITOR PULSE OXIMETER PA OXIMETER CAPNOGRAPH VENTILATOR NERVE BLK MONITOR

POSITION _____

PRESSURE POINT CKD

EYE CARE _____

OINT TAPE

TEMP CONTROL _____

HUMIDIFIER HEATERS BLD WARMER HUGGER LIGHTS BLANKET OTHER _____

REGIONAL _____

EXTREMITY SPECIFY _____

SPINAL _____

EPIDURAL CAUDAL _____

CATHETER _____

PUMP _____

OTHER _____

POSITION _____

SITE _____

NEEDLE _____

PARAESTHESIA yes no

SPECIFY _____

SET/LOT # _____

DRUG/DOSE _____

TEST DOSE cc _____

INITIAL DOSE cc _____

ANES LEVEL _____

.CATH OUT INTACT

POST OP. ANALGESIA

COMMENTS _____

TRANSPORTATION TO: PACU ICU OTHER _____

RELAXANT REVERSED yes no

TRAIN OF 4 TET HEAD LIFT

EKG PULSE OX ETT

O₂ VENT: SPONT CONTRL ASST.

RECOVERY ROOM SECTION

TIME IN _____

CONDITION _____

P _____ R _____ TEMP _____ SAT _____

BP _____ FIO₂ _____

MENTAL STATUS _____

PACU SCORE _____

OXYGEN: NASAL MASK T. PIECE CPAP

VENT SETTINGS _____

SIGNATURE _____ DATE: _____

PAGE _____ OF _____

Patient Label

ANESTHESIA RECORD