

PRE-OPERATIVE ASSESSMENT CHECKLIST

- Medical history
- Surgeries
- Medication List: correct and current
- Adverse reactions to prescription medications, over-the-counter agents or anesthetic agents
- Statement on clotting and bleeding tendencies
- Physical exam
- Beta-blocker statement
- DVT prophylaxis statement
- Antibiotic prophylaxis statement
- Name, signature and contact method (pager, cell phone, office phone)

FAX ALL PREADMISSION INFORMATION TO:

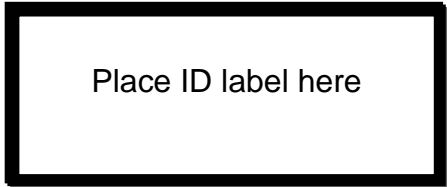


217/757-6018

OR



217/788-5514



HISTORY, PHYSICAL AND PRE-OPERATIVE RISK ASSESSMENT

Reason for Admission: _____ Today's Date: _____

PCP: _____

Proposed Surgery Date: _____ Surgeon: _____

Presenting complaints / reason for surgery _____

Prior Surgeries – list procedure, date, reason for surgery, and complications

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Major Medical Problems with ongoing treatment or significant past medical problems PLEASE GIVE DETAILED INFORMATION

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Current Medications			Allergies or Adverse Reactions to Medications		
Name	Dose	Frequency	Name	Reaction	
			1		
			2		
			3		
			4		
			5		
			6	Anesthetic jaundice Y N	Malignant hyperthermia Y N
			Family History		
			Bleeding tendencies Y N		Thrombophilia Y N
			Other:		
			Social History Occupation:		
			Smoking - current smoker Y N Total pack years -		
			Alcohol use or substance usage -		

Identification of Bleeding Tendencies – does the patient have a personal or family history of:

excessive nose bleeds? **Y N** frequent or easy bruising? **Y N** spontaneous joint hemorrhage? **Y N**

Identification of Functional Status

Excellent = > 10 METS Competitive sports, aerobics, jogging, swimming, cycling

Intermediate = 4 – 10 METS Climb 1 flight of steps, walk up a hill, short run, walk a mile in 15 minutes

Poor = < 4 METS Unable to meet criteria for Excellent or Intermediate

In patients unable to meet a 4-Met demand, cardiac and long-term risks are increased: consider a stress test pre-operatively if patient is having an intermediate or high risk procedure.

REVIEW OF SYSTEMS (ROS)

Constitutional Symptoms (e.g., fever, weight loss) Neg or _____

Eye Neg or _____

Skin/Breast Neg or _____

CV Neg or _____

Neuro Neg or _____

RESP Neg or _____

Psych Neg or _____

GI Neg or _____

Endo Neg or _____

GU Neg or _____

Hem Neg or _____

MSK Neg or _____

ENT Neg or _____

Physical Examination

VITAL SIGNS

General Appearance _____

Ht _____

Cardiovascular _____

Wt _____

Lungs and Thorax _____

BMI _____

HEENT _____

BP - R _____

Neck _____

BP - L _____

Abdomen _____

Pulse _____

Genitourinary _____

RR _____

Extremities _____

Rest Sa O₂ _____

Mental Status _____

Exer Sa O₂ _____

Neurological _____

Temp _____

Attach copies of any recent significant studies: echo, stress test, PFT's, etc.

Formulation of Risk Assessment and Plan

Assessment/Plan for this operation

1 Surgery Specific Risk Low Intermediate High RCRI Score _____

2 Beta blockers to be started now with _____ contraindicated
 to be continued as _____ not indicated

3 DVT Prophylaxis not indicated unfractionated Heparin 5000 units every 8 hours
 Lovenox 40mg SQ daily unfractionated Heparin 5000 units every 12 hours
 Arixtra 2.5 mg daily

4 Antibiotic Prophylaxis _____

5 _____

6 _____

7 _____

8 _____

THIS IS NOT AN ORDER SHEET. Please use Physician Order Sheet to initiate orders.

Pager # _____

Printed Name _____

Signature _____

Date _____

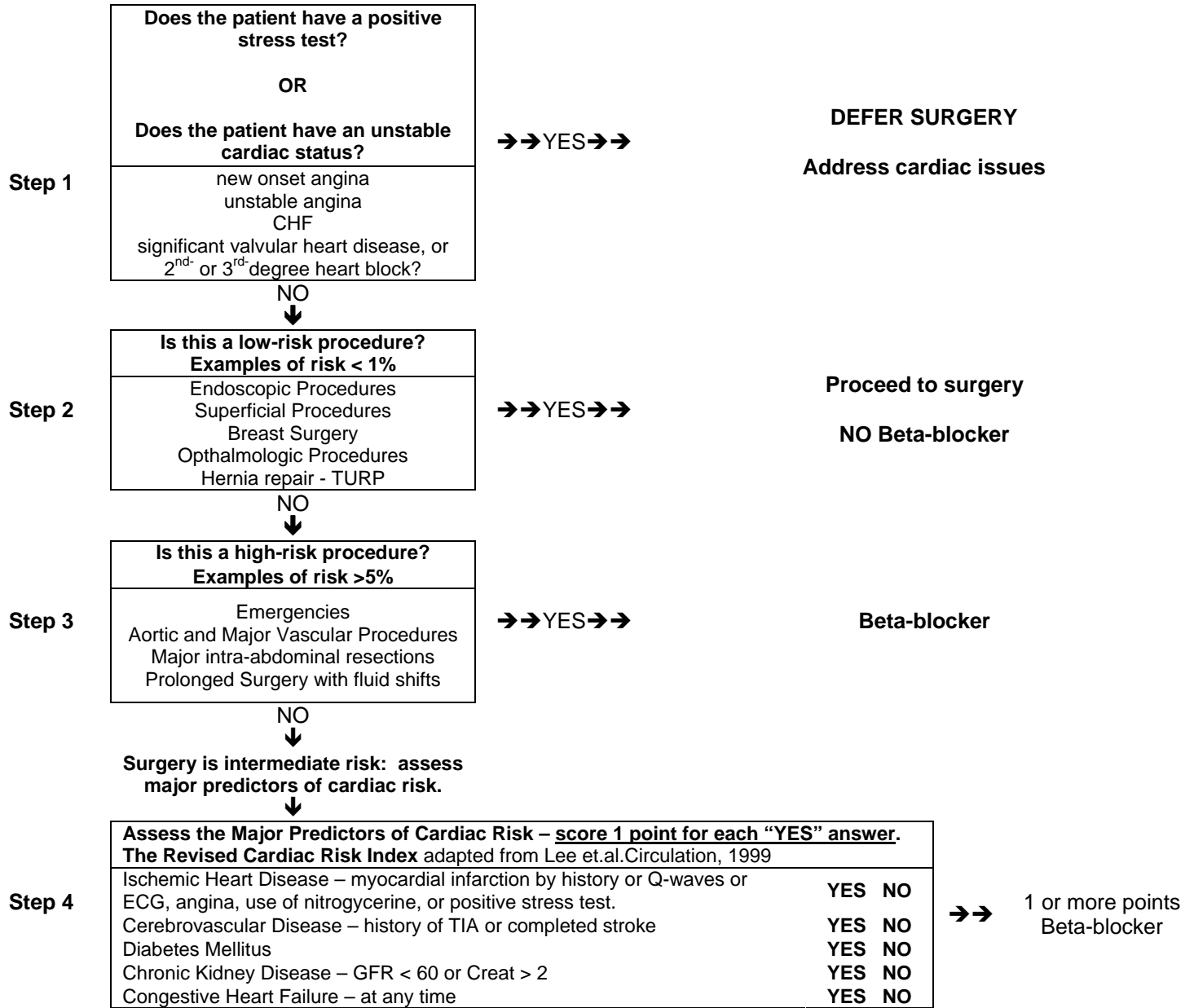
I will follow this patient post-op for the beta blocker

YES NO

or I designate Dr. _____ to follow for me



Beta-blocker Work Sheet



Suggested Beta blocker regimens

- Oral agents:
 - metoprolol, 12 ½, 25 or 50 mg BID
 - atenolol, 25, 50 or 100 mg daily
- IV agents – metoprolol: 2.5 – 5 mg IV
- When? Start as soon as possible pre-op, up to a month before surgery, it takes 4 – 7 days to see effect of β -blocker on HR and BP
- Target the heart rate 50 – 80; <65 for maximal benefit

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Optimal therapy for the cardiac patient is the best way to send the cardiac patient to surgery: i.e., β -blockers for patients with ischemic heart disease and/or CHF, ACE inhibitors for patients with CHF, statins, controlled blood pressure, diabetes and lipids.

DVT PROPHYLAXIS RISK ASSESSMENT AND ORDER

Risk Factor Assessment (circle points assigned to each factor)

Age:	Medical	Hypercoagulable State
41 – 60 years (1)	Hip, pelvis or leg fracture (4)	Protein C or S Deficiency (3)
61 – 75 years (2)	Elective major lower extremity arthroplasty (4)	Factor V Leiden Mutation (3)
>75 (3)	Ischemic Stroke (3)	Antithrombin III deficiency (3)
	Paralysis (3)	Lupus anticoagulant (3)
	Infection (severe/sepsis) (3)	Homocysteinemia (3)
Immobility:	Cancer (3)	Hyperviscosity syndrome (3)
Bed confinement anticipated > 48 hours (1)	COPD/Respiratory Distress (2)	Antiphospholipid antibodies (3)
	Nephrotic syndrome (2)	Plasminogen or plasminogen activator deficiency (3)
Coma (2)	Central venous catheter (2)	Prothrombin gene mutation 20210 A (3)
	Heart Failure (2)	Previous DVT or PE (3)
	Varicose veins (2)	Family history of thrombosis (3)
	Obesity (> 20% IBW) (2)	
	Inflammatory bowel disease (1)	
Surgery:	Pregnancy/Postpartum < 1 month (1)	
General Anesthesia > 2 hours duration (1)	Estrogen use (oral contraceptives, HRT) (1)	
		Total Score →

Pre-Surgical

- | | |
|---------------------------------------------------------------------------------------------------------|------------------------------|
| <input type="checkbox"/> Heparin 5000 Units subcu administer in Holding | [Total Risk Score 2 or more] |
| <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg subcu administer in Holding | [Total Risk Score 2 or more] |
| <input type="checkbox"/> Pneumatic Compression (PAS) apply before surgery [may be in addition to above] | |

Medical and Post-op

LOW RISK (score of 1 or less)	MODERATE RISK (score of 2 or 3)	HIGH RISK (score of 4 or more)
<input type="checkbox"/> No prophylaxis indicated	<input type="checkbox"/> Heparin 5,000 units Sub-Q 12h OR <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg Sub-Q daily OR <input type="checkbox"/> Arixtra 2.5 mg daily	<input type="checkbox"/> Heparin 5,000 units Sub-Q 8h OR <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg Sub-Q daily OR <input type="checkbox"/> Arixtra 2.5 mg daily

Start Date/Time: _____

Mechanical (PAS Boots)

Pneumatic Compression Device (consider in patients meeting criteria for Moderate or High Risk in addition to drug therapy **OR** in patients in whom anticoagulation with drug therapy is contraindicate) (PAS Boots)

Contraindication to drug prophylaxis (check reason[s] below)

- active or suspected bleeding severe head or spinal cord trauma
 Other _____

NOTES

Fondaparinux sodium (Arixtra) is safe and effective in individuals who have been shown to have heparin-induced thrombocytopenia.

Enoxaparin (Lovenox) with creatinine clearance < 30 ml/min: reduce dose to 30 mg q24h.

Enoxaparin (Lovenox) is not to be used with epidural/spinal catheter or spinal puncture.

This is a reminder and a general guide. Physicians must use their judgment in addressing the needs of individual patients.

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Practitioner Signature: _____

Date/Time: _____

Antimicrobial Prophylaxis for Surgery

from the *National Surgical Infection Prevention* project

The suggestions in this guideline are appropriate for most patients. Clinical judgment should be exercised to recognize those cases in which an alternative approach is necessary.

For patients with known MRSA colonization, Vancomycin should be considered as the appropriate antimicrobial agent for prophylaxis.

DRUG	STANDARD DOSE	WHEN?	REDOSING
Cardiothoracic Surgery			
<input type="checkbox"/> Cefazolin	1-2 g iv	within 1 hr before incision	2-5 h
If the patient has a B-lactam allergy, then:			
<input type="checkbox"/> Vancomycin	1 g iv	within 2 hr before incision	6-12 h
OR			
<input type="checkbox"/> Clindamycin	600-900 mg iv	within 1 hr before incision	3-6 h
Vascular surgery			
<input type="checkbox"/> Cefazolin	1-2 g iv	within 1 hr before incision	2-5 h
If the patient has a B-lactam allergy, then:			
<input type="checkbox"/> Vancomycin	1 g iv	within 2 hr before incision	6-12 h
ALONE OR WITH			
<input type="checkbox"/> Gentamicin	1.5 mg/kg iv	within 1 hr before incision	N/A
OR			
<input type="checkbox"/> Clindamycin	600-900 mg iv	within 1 hr before incision	3-6 h
Hip or knee arthroplasty			
<input type="checkbox"/> Cefazolin	1-2 g iv	within 1 hr before incision	2-5 h
If the patient has a B-lactam allergy, then:			
<input type="checkbox"/> Vancomycin	1 g iv	within 2 hr before incision	6-12 h
OR			
<input type="checkbox"/> Clindamycin	600-900 mg iv	within 1 hr before incision	3-6 h
Colon surgery			
Oral Regimen:			
<input type="checkbox"/> Neomycin	BOTH - 1 g po	BOTH - 19, 18 and 9 h before surgery	N/A
▪ combined with Erythromycin base			
OR			
<input type="checkbox"/> Neomycin	1 g po	19, 18 and 9 h before surgery	N/A
▪ combined with metronidazole	500-1000 mg	within 1 hr before incision	6-8 h
Parenteral Regimen:			
<input type="checkbox"/> Cefoxitin	1-2 g iv	within 1 hr before incision	2-3 h
If the patient has a B-lactam allergy, then:			
<input type="checkbox"/> Clindamycin	600-900 mg iv	within 1 hr before incision	3-6 h
▪ combined with Gentamicin	1.5 mg/kg iv	within 1 hr before incision	N/A
OR			
▪ combined with Ciprofloxacin	400 mg iv	within 1 hr before incision	8 h
OR			
<input type="checkbox"/> Metronidazole	500-1000 mg iv	within 1 hr before incision	6-8 h
▪ combined with Gentamicin	1.5 mg/kg iv	within 1 hr before incision	N/A
OR			
<input type="checkbox"/> Metronidazole	500-1000 mg iv	within 1 hr before incision	6-8 h
▪ combined with Ciprofloxacin	400 mg iv	within 1 hr before incision	8 h
Vaginal or abdominal hysterectomy			
<input type="checkbox"/> Cefazolin	1-2 g iv	within 1 hr before incision	2-5 h
OR			
<input type="checkbox"/> Cefoxitin	1-2 g iv	within 1 hr before incision	2-3 h
If the patient has a B-lactam allergy, then:			

Follow the same regimen described above in "Colon Surgery" for patients with B-lactam allergies.

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Pre-anesthesia lab, x-ray, and EKG orders for intravenous (MAC), regional, or general anesthesia. Medical conditions and medications presumed stable for the following requirements unless stated otherwise.

1. Hemoglobin / Hematocrit:
 - a. Within 1 month if < 6 months or > 45 years old and healthy.
 - b. Within 1 month for any age if there is potential for significant procedural blood loss.
 - c. Within 48 hours or after bleeding event in patients with recent blood loss.
 - d. Required post-transfusion in patients receiving blood products.

2. Basic Metabolic Panel (BMP):
 - a. Within 1 month if: stable history of diabetes, hypertension, cardiac disease, or planned TURP; or on digoxin, diuretics, potassium supplements, ACE inhibitors.
 - b. Required after last hemodialysis for those with dialysis dependent Chronic Kidney Disease.
 - c. Within 24 hours of surgery if potassium < 3.0 or > 5.5 on prior BMP.
 - d. Required within 48 hours if recent changes are made in potassium changing medications.
 - e. Required on the day of surgery in patients with pre-op bowel prep or those with prolonged vomiting.

3. Accu-check:
 - a. Required within 2 hours of surgery in all diabetics unless BMP done instead.

4. Urine Pregnancy Test:
 - a. Required within 3 days in all female patients of childbearing age (menses through menopause), that are able to bear children. Not necessary in patients S/P hysterectomy or tubal ligation.
 - b. If the patient is menstruating or has a missed abortion, check with anesthesiologist.
 - c. Not required if a serum beta-HCG drawn within 5 days was negative.

5. Coagulation studies (PT INR / PTT)
 - a. Required on the day of surgery on patients receiving Coumadin or IV Heparin unless Coumadin is held > five days or coagulation studies were previously normal after discontinuation of therapy.

6. Chest X-Ray:
 - a. Within one year in patients with stable cardiopulmonary disease.
 - b. Within one month or post-therapy in patients with changing cardiopulmonary status (CHF, recent lung infection, COPD, asthma, etc.)
 - c. Not required in healthy patients.

7. EKG:
 - a. Within one year in healthy males > 45 y/o, or healthy females > 55 y/o.
 - b. Within one year in all ages with stable cardiac disease.
 - c. Within one month or post-therapy in patients with changing cardiac status (angina pectoris, CHF, dysrhythmias), changes in pacemaker function, changes in cardiac medications, cocaine use, or uncontrolled hypertension.

The above requirements serve as guidelines and minimal requirements. Further evaluation is left to the discretion of the surgeon and/or medical specialist. Exclusively local anesthesia requires no pre-op testing.