

HEALTHCARE

**ANESTHESIA  
PREOPERATIVE ASSESSMENT  
AND TRANSFER SHEET**

Backer for Part 1 Only

PATIENT IDENTIFICATION

AGE \_\_\_\_\_ SEX \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ SaO<sub>2</sub> \_\_\_\_\_ TEMP \_\_\_\_\_ R \_\_\_\_\_

DX \_\_\_\_\_

PROPOSED PROCEDURE \_\_\_\_\_

PMH \_\_\_\_\_

PAIN:  Yes  No Site \_\_\_\_\_ Pain Score (0 - 10) \_\_\_\_\_

PE \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

PREVIOUS ANESTHETICS:  Yes  No Problems:  Yes  No \_\_\_\_\_

FAMILY HISTORY (Anesthesia Problems):  Yes  No \_\_\_\_\_

NPO:  Yes  No Time \_\_\_\_\_

RELEVANT LABS / DX. STUDIES \_\_\_\_\_

AIRWAY ASSESSMENT \_\_\_\_\_

PLAN OF ANESTHESIA:  General  Regional  IVAS  MAC \_\_\_\_\_

ASA STATUS \_\_\_\_\_

Emergency:  Yes  No

BLOOD USE:  Not Anticipated  Anticipated

Anticipated Risks & Alternatives Discussed:  Yes  No

**THE PATIENT IS SUITABLE CANDIDATE FOR THE PLANNED ANESTHETIC AND PROCEDURE.**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**CASE TRANSFER DATA**

Responsibility for patient management and monitoring transferred, after report, to Relief Attending Anesthesiologist(s)

First Attending Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Second Attending Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Responsibility for patient management and monitoring transferred, after report, to PACU staff

MD Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**ICU ACCEPTANCE OF TRANSFER**

Responsibility for patient management and monitoring transferred, after report, to ICU staff

MD Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_