Memorial Hospital

DATE

IMPRINT WITH PATIENT CHARGE PLATE

ANESTHESIA EVALUATION AND POST ANESTHESIA RECORD

PROPOSED SURGERY:

CARDIOVASCULAR SYSTEM

- ☐ Hypertension
- ☐ CAD / Angina
- ☐ Hx MI
- ☐ Valvular Heart Dis
- ☐ CHF
- ☐ PVD
- ☐ Arrhythmias
- ☐ S/P CABG - PTCA
- ☐ Other
- ☐ AICD / Pacemaker
- ☐ AAA

G.I.

- ☐ Ulcer Disease
- ☐ NPO Since _____
- ☐ Hiatal Hernia / Gastroesophageal Reflux
- ☐ Bowel Obstruction
- ☐ Hx Hepatitis / Jaundice
- ☐ Other

GU

- ☐ Renal Failure / Renal Insufficiency
- ☐ Last Dialysis _____
- ☐ Other

CHEST / AIRWAY

- ☐ Asthma
- ☐ COPD
- ☐ Pneumonia
- ☐ Smoking Hx
- ☐ Difficult Airway
- ☐ Previous Tracheostomy
- ☐ Other
- ☐ Sleep Apnea CPAP / Bipap

HEMATOLOGIC

- ☐ Sickle Cell
- ☐ Coagulopathy
- ☐ Anemia
- ☐ Transfusion Therapy
- ☐ Other
- ☐ Refuses Transfusion

METABOLIC

- ☐ Thyroid Disease
- ☐ Diabetes: Type I / Type II
- ☐ Steroid Dependence
- ☐ Adrenal Disease
- ☐ Obesity
- ☐ Arthritis
- ☐ Other

ANESTHESIA

- ☐ Previous Anesthetics: ☐ Yes ☐ No
- ☐ Complications ☐ Yes ☐ No
  - ☐ Nausea / Vomiting
  - ☐ Headache
  - ☐ Prolonged Sleep
  - ☐ M.H.
  - ☐ Family Hx of Anes. Problems
  - ☐ Other

NEUROMUSCULAR

- ☐ Cerebrovascular Disease
- ☐ Hx CVA / TIA
- ☐ Paresis / Paralysis
- ☐ Seizures
- ☐ Neuro Muscular Disease
- ☐ Dementia / Depression
- ☐ Other
- ☐ Hearing Loss
- ☐ Blind Right / Left
- ☐ Syncopy
- ☐ Chronic Pain

ALLERGIES OR SENSITIVITY

MEDICATIONS AND/OR HERBAL / ALTERNATIVE MEDS

SUBSTANCE ABUSE

- ☐ ETOH / Drug

Used Last _____

MEDICATIONS: DAY OF SURGERY

DRUG	DOSE

PHYSICAL EXAMINATION

BP _____ HR _____ RESPIRATORY RATE _____ Rm SpO2 _____ HT _____ WT _____

Airway Exam: Mobility: _____

Prosthesis: _____ Condition of Teeth: _____

Maliompati Class: 1 2 3 4

Other Exam if Indicated: _____

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LABS

CXRay _____

ECG _____

Preg. Test ☐ N/A ☐ Neg ☐ Pos

ANESTHETIC PLAN

☐ General ☐ Spinal ☐ Epidural ☐ Nerve Block ☐ MAC w/ Sedation ☐ MAC w/o Sedation

COMMENTS

ASA: 1 2 3 4 5 6 E _____

Signature _____ Date _____

POST RECOVERY VISIT

Date _____ Time _____ Complications ☐ Yes ☐ No _____

Signature _____