Regional Medical Center

## Anesthesia Assessment

| | Procedure | Allergies *(List react)* ☐ NKDA | Family History ☐ No Problems | NPO Since: |
|---|---|---|---|---|
| | | | | |

| Surgical History | Anesthesia History ☐ No Problem ☐ PONV ☐ Difficult Intubation | Medications ☐ Reviewed |
|---|---|---|
| | | |

**CARDIOVASCULAR**
- ☐ Angina
- ☐ MI
- ☐ Hypertension
- ☐ Low Exercise Tol
- ☐ Arrhythmia
- ☐ CHF
- ☐ Valvular Disease
- ☐ CABG/PTCA
- ☐ Periph Vasc Dis
- ☐ CAD
- ☐ Other

**RESPIRATORY**
- ☐ Asthma
- ☐ COPD
- ☐ URI
- ☐ Tob Hx
- ☐ Other

**RENAL**
- ☐ CRF/Renal Insufficiency
- ☐ Hemodiaytsis
- ☐ Other

**HEPATIC**
- ☐ Hepatitis
- ☐ Cirrhosis
- ☐ Other

**GI**
- ☐ Reflux
- ☐ Hiatal Hernia
- ☐ Bowel Obstruction
- ☐ Other

**NEURO**
- ☐ CVA/TIA
- ☐ Neuropathy
- ☐ Seizures
- ☐ Other

**ENDOCRINE**
- ☐ Diabetes
- ☐ Thyroid
- ☐ Steroids
- ☐ Morbid Obesity
- ☐ Other

**HEMATOLOGIC**
- ☐ Anemia
- ☐ Coagulopathy
- ☐ Sickle Cell Dis
- ☐ Anticoagulants
- ☐ Other

**MUSC-SKELETAL**
- ☐ Osteoarthritis
- ☐ Rheumatoid Arthritis
- ☐ TMJ Disease
- ☐ Other

**NOTES**

**OB/GYN**
- ☐ Non Preg
- ☐ Preg: EGA_____
- ☐ Pre-eclampsia
- ☐ Other

**PEDIATRIC**
- ☐ Normal Growth Dev
- ☐ < 48 wks PCA
- ☐ Congenital Defects
- ☐ Cerebral Palsy
- ☐ Other

**ECG**
- ☐ WNL

| Na | Cl | glu |
|---|---|---|
| K | $CO_2$ | BUN/Cr |
| Hg/Hct | Plts | HCG |
| PT/INR | | PTT |

☐ Labs reviewed

Echo:

Other:

**WEIGHT:** kg
**HEIGHT:**
**AIRWAY:** MP 1 2 3 4

Teeth ☐ Dentures
☐ Loose
☐ Poor condition

TMD (FB) <2 2 3 >3

**HEART:** ☐ RRR
**LUNGS:** ☐ CTA

**ASA:** 1 2 3 4 5
EMERGENT

**PLAN**
- ☐ General ☐ IVGA
- ☐ Regional ☐ Spinal
- _____ ☐ Epidural
- ☐ Awake Intubation
- ☐ Art Line ☐ CVP ☐ PA

Anesthetic Plan was discussed with the patient, including risks, benefits, potential complications and alternatives. Questions were encouraged and answered.

____ Post-op pain management requested by surgeon.

Physician Signature_____

## POST-ANESTHESIA

____ Uneventful course. No apparent post-anesthesia complications.

____ Other

Physician Signature_____

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