HOSPITAL

PRE-ANESTHETIC EVALUATION RECORD

AGE: M F HT. WT. kg/lbs DATE

ALLERGIES: ANESTHESIA Hx: NEG

PROCEDURE:

MEDICATIONS: FAMILY ANESTHESIA HX: NEG

SYSTEM REVIEW (CIRCLE PERTINENT POSITIVES)

NEG **CARDIOVASCULAR** HTN CHF / OTHOPNEA / PND ARRYTHMIA
CAD / MI ANGINA: STABLE / UNSTABLE PVD VALVULAR
EXERCISE TOLERANCE

NEG **PULMONARY** ASTHMA / COPD RECENT URI
SLEEP APNEA SMOKING

NEG **GI** HIATAL HERNIA / GERD HEPATITIS ETOH

NEG **RENAL** FAILURE / INSUFF

NEG **ENDOCRINE** DIABETES I / II THYROID OBESITY

NEG **HEMATOLOGIC** ANEMIA SICKLE CELL / TRAIT
ABNORMAL BLEEDING HX

NEG **NEUROLOGIC** TIA / CVA SEIZURES HEADACHES
SYNCOPE MENTAL STATUS LBP

LAB DATA:

EKG NSRY WNL

CXR NAD

HgB

Hct

Plts

Electrolytes

Blood Glucose _____

(time) _____

PREGNANCY

Gestational age _____ weeks

Prenatal course: NEG

PIH

Gestational diabetes

AIRWAY EVALUATION: MP 1 2 3 4

COMMENTS:

Patient has been informed of the proposed and alternative anesthetic methods. Risks, benefits, and possible discomforts have been explained to the patient or guardian, who verbalizes understanding. All questions answered. Patient or guardian accepts risks and agrees to:

☐ GENERAL ☐ EPIDURAL/SPINAL ☐ MAC ☐ OTHER REGIONAL ☐ ARTERIAL LINE ☐ CENTRAL VENOUS LINE

☐ EPIDURAL FOR POST-OP ANALGESIA

ASA 1 2 3 4 5 6 E SIGNATURE M.D. TIME DATE

CHART REVIEWED AND PATIENT EXAMINED ☐ AGREE WITH ABOVE PLAN ☐ PLAN CHANGED AS NOTED ☐

NPO SINCE: SIGNATURE M.D. TIME DATE

Patient Re-Evaluated Immediately Prior to Sedation and/or Induction ☐ _____
SIGNATURE/TIME/DATE

POST-ANESTHESIA NOTE: ☐ NO ANESTHESIA COMPLICATIONS ☐ OTHER:

SIGNATURE M.D. TIME DATE