BETH ISRAEL MEDICAL CENTER

060

PRE-OPERATIVE MEDICAL ASSESSMENT (ADULT)

Surgical Procedure: ______________________________

History of Present Illness:

Past Medical History	Yes (mm/yy)	No
CVA: Hemorrhagic		
Ischemic		
TIA		
DVT		
PE		
Active Infection		
Anemia		
Asthma / COPD		
Cancer		
Chronic Steroid Use		
Cirrhosis		
Coagulopathy		
Diabetes		
Hepatitis B or C		
HIV		
Obesity		
OSA		
Pulmonary HTN		
Renal Disease		
Other		

Cardiac History	Yes (mm/yy)	No
MI		
Angioplasty		
Stent: BMS		
DES		
Hypertension		
CAD		
Angina: Unstable		
Stable Mild (Class I or II)		
Severe (Class III or IV)		
Congestive Heart Failure		
Congenital Heart Disease		
Valve Disease: Severe AS		
Symptomatic MS		
Other		
Arrhythmia		
PPM/AICD implant If yes, model ____________		
METS < 4 (e.g., unable to walk up 1 flight of stairs) ☐ Unable to assess		

Social History
☐ Alcohol
☐ Drugs
☐ Tobacco (ppy ___)
☐ Jehovah's Witness
☐ Other

Allergies ☐ **NKDA**

Prior anesthesia complication?

☐ Yes ☐ No

If yes, describe:

Past Surgical History	Yes (mm/yy)	No
Peripheral Vasc. Surgery		
Aortic Surgery		
Major Vascular Surgery		
Other:		

Other Relevant History

Pregnant: ☐ Yes ☐ No

Family Hx:

Other:

Medications	Dose	Continue? Yes	No

61315 (09/13)

PRE-OPERATIVE MEDICAL ASSESSMENT (ADULT)

Review of Systems: (circle all that apply)

System	Symptoms	Negative
CVS	chest pain, irregular heartbeat, SOB, difficulty breathing at night, swollen legs or feet	☐
Resp	chronic dry cough, coughing up blood, wheezing or night sweats	☐
Neuro	headache, dizziness, fainting, LOC, memory loss	☐
HEENT	double or blurred vision, loss of hearing, nosebleeds, dentures	☐
Heme	bleeding tendency or clotting tendency	☐
GI	nausea, vomiting, diarrhea, black stools, abdominal pain	☐
GU	difficult urination, burning with urination, blood in the urine	☐
Other		☐

Physical Exam

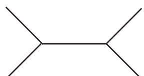
BP _________ HR _________ T _________ RR _________ HT _________ WT _________ BMI _________ Pain Score __________

Check for normal exam, indicate abnormal findings and describe

General	☐ A&O x 3 ☐ NAD
ENT	☐ throat clear
Neck	☐ no bruits ☐ no JVD
CV	☐ RRR ☐ no murmurs, rubs, gallops
Lungs	☐ CTA bilat. ☐ no wheezes or rhonchi ☐ nl resp. effort
Abd	☐ soft ☐ ND/NT
Ext	☐ no clubbing, cyanosis, or edema ☐ nl pulses
Neuro	☐ nl and equal strength
Other	

Test	Date	Results
CXR		
EKG		
Echo		
Stress Test		
Cardiac Cath		
Other Studies		

Labs



Beth Israel Medical Center

060

PRE-OPERATIVE MEDICAL ASSESSMENT (ADULT)

Surgery Specific Risk: ☐ Low ☐ Intermediate ☐ High

Severe cardiac conditions: ☐ Yes ☐ No (Unstable angina, decompensated CHF, significant arrhythmia or significant valvular disease)

Recommendations

RCRI Score: _____ (High-risk surgical procedure, ischemic heart disease, heart failure, CVA/TIA, DM on Insulin, chronic renal insufficiency)

# RCRI Risk Factors	Rate of Cardiac Death, Non-Fatal MI, and Non-Fatal Cardiac Arrest
None	LOW
1 - 2	INTERMEDIATE
3 or more	HIGH

This patient is at ☐ Low ☐ Intermediate ☐ High risk for a cardiac complication

Further testing indicated: ☐ Yes ☐ No

Further consults indicated: ☐ Yes ☐ No

Cardiac Recommendation and Medication Management: *(address use of beta-blockers, ACEI, diuretics and statins)* ☐ NA

Other Recommendations (list all relevant diagnoses and medications):

1. DM *(address use of insulin and oral DM meds)* ☐ NA
2. Pulmonary ☐ NA
3. Anticoagulation *(address use of Clopidogrel, ASA, Enoxaparin, etc.)* ☐ NA
4. ID *(address antibiotic use)* ☐ NA
5. Venous Thromboembolism (VTE) Prophylaxis: ☐ NA
6. Other *(address sedatives, NSAIDs, etc.)* ☐ NA

Attending Physician Note

PGY/NP/PA Name (printed) ______________________ Date ____________ Time ____________

PGY/NP/PA Signature ______________________ Contact #______________________

Attending Signature ______________________ Date ____________ Time ____________

☐ *I have interviewed and examined the patient. I have confirmed the plan of care with the resident.*

Discussed with primary surgical team (name/rank) ______________ Date ____________ Time ____________

Print Name ______________________

Reviewed by: Attending Surgeon's Signature ______________ Date ____________ Time ____________

Print Name ______________________

BETH ISRAEL MEDICAL CENTER

PRE-OPERATIVE MEDICAL ASSESSMENT (ADULT)

Progress Notes