

Patient Name _____
 DOB _____
 MRN _____
 Physician _____
 FIN _____

TO BE COMPLETED BY REGISTERED NURSE:

Patient _____
 Date of birth _____

SURGICAL SITE: (check one) Helen DeVos Children's Hospital Lake Drive Surgical Center South Pavilion Surgical Center Big Rapids
 Reed City

ANESTHESIA TYPE: General Monitored anesthesia care (MAC) Spinal Block

PROCEDURE:

Procedure _____
 Date _____ Surgeon _____

RISK SCORE:

American society of anesthesiologists (ASA) score _____ Metabolic equivalent (MET) score = _____

ADDITIONAL RISK FACTORS:

- Asthma
- Angina
- Bleeding disorder history
- Body mass index (BMI) greater than 40.
 BMI = _____ (Height _____ Weight _____)
- Chronic obstructive pulmonary emphysema (COPD)
- Congestive heart failure
- Coronary artery disease
- Diabetes - Hg A1C level _____
 History of diabetic ketoacidosis (DKA)
- Interstim, implanted: Type _____
 Directions for 'powering off' _____
- Intubation, previous and difficult
- Malignant hyperthermia: Self Family
- Myocardial infarction history

- Obstructive sleep apnea (OSA), diagnosed
- Obstructive sleep apnea (OSA), undiagnosed - STOP. Score = _____
- Pacemaker/Defibrillator
 Patient underlying heart rhythms _____
 Pacemaker: Type (e.g., Medtronic, etc.) _____
 Settings _____
 Dependent? No Yes
 Date last interrogated _____
- Peripheral vascular disease
- Reflux
- Renal failure/insufficiency
- Seizure disorder
- Shortness of breath
- Stroke/Transient ischemic attacks

ADDITIONAL INFORMATION

TIME _____ **DATE** _____ Registered Nurse signature _____

TO BE COMPLETED:

ANESTHESIA FINDINGS:

- Chart review completed; appears to be optimized.
- Additional testing recommended prior to arrival (with rationale) _____

- Additional testing recommended day of surgery (with rationale) _____

- Reschedule recommended due to the following (with rationale) _____

- Pending day of surgery (DOS) review.

NOTES FOR PROCEDURAL ANESTHESIOLOGIST FOR DAY OF PROCEDURE

TIME _____ **DATE** _____ Reviewing Anesthesiologist signature _____

Reviewing Anesthesiologist (print) _____

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