

Preop Interview

Proposed Procedure \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies \_\_\_\_\_  
 \_\_\_\_\_

Previous Surgeries \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Anes Problems  Yes  No

Meds / OTC / Herbs / Doses \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Meds in AM circle

Medical History

Heart Disease / HTN \_\_\_\_\_ Bleeding / Clotting Disorders \_\_\_\_\_  
 EKG \_\_\_\_\_ Hepatitis / Liver Disease \_\_\_\_\_  
 Lung / Asthma / Sleep Apnea \_\_\_\_\_ Infectious / Contagious Disease Exposure \_\_\_\_\_  
 Smoker / 2<sup>nd</sup> Hand Smoke \_\_\_\_\_ Alcohol / Drug Intake \_\_\_\_\_  
 GU / GI / Reflux / Heartburn \_\_\_\_\_ Cortisone / Steroid Hx past year \_\_\_\_\_  
 Diabetes / Thyroid \_\_\_\_\_ CA / Chemo / Radiation \_\_\_\_\_  
 Neuro / Seizures / Migraines \_\_\_\_\_ Growth and Development Normal for Age \_\_\_\_\_  
 Other \_\_\_\_\_ Spiritual / Cultural Concerns \_\_\_\_\_

Preop Instructions

Time of Arrival \_\_\_\_\_  NPO Instructions \_\_\_\_\_  Family Physician \_\_\_\_\_  
 Directions / Website \_\_\_\_\_  Valuables / Clothing \_\_\_\_\_  Info obtained from \_\_\_\_\_  
 Travel Home / Resp Person \_\_\_\_\_  Insurance Card \_\_\_\_\_  Previous Patient \_\_\_\_\_  
 Advance Directive \_\_\_\_\_  Makeup, Polish, Jewelry, Piercings, Contacts  Guardianship \_\_\_\_\_

Weight \_\_\_\_\_ H&P / Labs \_\_\_\_\_  
 Notes \_\_\_\_\_

Preop Interview RN Signature \_\_\_\_\_ Date \_\_\_\_\_

Preop Admit

BP		LOP		Hx Updated		LOC: Alert <input type="checkbox"/> Calm <input type="checkbox"/>
Pulse		NPO@		H&P		Anxious <input type="checkbox"/> Crying <input type="checkbox"/>
Resp		LBS		Consents Signed		SKIN: Warm <input type="checkbox"/> Dry <input type="checkbox"/>
Temp		HT		Site Confirmed		Cool <input type="checkbox"/> Other _____
Sa O2		KG		PP		LMP: _____

IV Sol / Amt	1000/500 ml	Preop Instructions Given <input type="checkbox"/> by _____	Preg Test
Site		Responsible Person w/ Pt - F/U Phone # _____	Glucose
Gauge #20 / #22		H / W / C _____	HGB
Started @ _____ by _____			EKG
Belongings to: <input type="checkbox"/> Family <input type="checkbox"/> Locker		<input type="checkbox"/> TEDS - knee / thigh - sm / m / lg	RH
<input type="checkbox"/> Jewelry		<input type="checkbox"/> SCD - knee / thigh - sm / m / lg	K+
<input type="checkbox"/> Glasses / Lenses		<input type="checkbox"/> Dentures <input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Warming Gown/Blanket

Medications (time/ med/ dose/ route /signature) \_\_\_\_\_  
 \_\_\_\_\_

Nurse's Notes \_\_\_\_\_

Admit RN Signature \_\_\_\_\_ Time \_\_\_\_\_

**PREOP ANES SCREEN**  
 Anes notified by \_\_\_\_\_  
 Name \_\_\_\_\_  
 Issue \_\_\_\_\_  
 Orders \_\_\_\_\_

**ANESTHESIA ASSESSMENT**  
 LEVEL OF AWARENESS \_\_\_\_\_  
 AIRWAY \_\_\_\_\_  
 HEART \_\_\_\_\_  
 LUNGS \_\_\_\_\_  
 OTHER \_\_\_\_\_  
 PLAN \_\_\_\_\_

ASA RISK 1 2 3  
 SIGNATURE \_\_\_\_\_  
 TIME \_\_\_\_\_