**Crosstown Surgery Center**
**Preoperative Anesthesia Requirements**
**History and Physical Examination**

**Please Fax History and Physical to 952-456-7399/Questions call 952-456-7300**

***H &P Must be completed within 30 days of surgery unless otherwise directed**.

**EKG Requirements:**

- No EKG required if no history of coronary heart disease, significant arrhythmia, peripheral arterial disease or other structural heart disease.

**Lab Requirements:**

- **CBC**-For history of renal disease (GFR <60), chronic anemia, **ALL Excel patients**
- **Potassium**-renal disease, taking diuretics and any potassium depleting medication (Hydrochlorothiazide, Lasix, Bumex, Spironolactone, Chlorthalidone) **ALL Excel patients**
    - patients taking digoxin within 48 hours of surgery
    - Patient with new diuretic prescription or change in medication within the past 30 days will need their potassium level drawn and reported within 48 hours of the surgical procedure.
- **BMP-**Renal disease (GFR <60) and Insulin dependent diabetics
- **INR**- patients taking coumadin need it drawn within 48 hours of surgery (other po meds do not need)
- **HGB A1C**- ALL Insulin dependent diabetics within 3-6 months, **ALL Excel patients**
- **Blood Glucose** -for all diabetics
- **UPT**- All menstruating females

1. Instruct patient to take cardiovascular, pulmonary, or seizure medication as directed by prescribing Physician the morning of surgery. Take meds with sips of water in the am.

2. Diabetics: Patient on oral medication for diabetic control should be instructed to take their evening dose but to hold the AM dose of surgery. Insulin dependent diabetics should follow the recommendations of their prescribing Physician.

3. Pulmonary disease: Patients with asthma or COPD should use inhalers the morning of surgery. Instruct them to bring their inhaler with them to the Surgery Center. Please acquire an 02 saturation reading.

4. Blood Thinners: Patients on anticoagulant medication should follow the instructions of their prescribing Physician For holding the medication pre-operatively and resuming post-operatively.

5. Steroid Use: Notify the Anesthesiologist if the patient takes Cortisone preparations such as Prednisone.

6. Narcotic dependent treating medications: Naltrexone & Suboxone (etc) need to be held for 72 hours.

CROSSTOWN Surgery CENTER

# Preoperative History & Physical

**Please fax to 952-456-7399**

Patient Name:_____ Date of Birth:_____

Surgeon:_____ Date of Surgery_____

Date of Exam:_____

**PREOP DIAGNOSIS / REASON FOR SURGERY:**_____

_____

**SURGERY / PROCEDURES INDICATED:**_____

_____

**HISTORY OF PRESENT ILLNESS:** _____

_____

_____

Has a member of your Family or a Partner (now or in the past) intimidated, hurt, manipulated or controlled you in any way?

☐ Yes ☐ No Referral needed: ☐ Yes ☐ No

**PAST HISTORY:**

Surgical (including any anesthetic problems):_____

_____

Medical: ☐ CAD ☐ HTN ☐ Valvular heart disease ☐ Dysrhythmia ☐ CHF ☐ Pulmonary disease

☐ Other:_____

**MEDICATIONS** (include herbals and vitamins):

Aspirin / NSAID use in last 10 days: ☐ Yes ☐ No Steroid use in last 10 days: ☐ Yes ☐ No

Plavix use in last 7 days: ☐ Yes ☐ No

| Medications | Dose | Frequency | Medications | Dose | Frequency |
|---|---|---|---|---|---|
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**ALLERGIES:** _____ ☐ Latex ☐ Tape **INTOLERANCES:**_____

**SOCIAL HISTORY:** (☐ tobacco, ☐ alcohol, or ☐ drug use):_____

Health Care Directive: ☐ Yes ☐ No

Nutrition Status:_____

Learning Barriers:_____

**FAMILY HISTORY:**_____

FH of anesthesia reactions ☐ Yes ☐ No (if Yes, comment):_____ FH of bleeding disorder ☐ Yes ☐ No

## REVIEW OF SYSTEMS (any history or symptoms of the following):

| Yes | No | Comments if Yes | Yes | No | Comments if Yes |
|---|---|---|---|---|---|
| ☐ | ☐ | General Appearance:_____ | ☐ | ☐ | Diabetes/Endocrine:_____ |
| ☐ | ☐ | Skin:_____ | ☐ | ☐ | Cardiovascular:_____ |
| ☐ | ☐ | Head:_____ | ☐ | ☐ | Respiratory:_____ |
| ☐ | ☐ | Eyes:_____ | ☐ | ☐ | GI/Hepatitis:_____ |
| ☐ | ☐ | Ears:_____ | ☐ | ☐ | Urinary:_____ |
| ☐ | ☐ | Nose:_____ | ☐ | ☐ | Neurological:_____ |
| ☐ | ☐ | Mouth and Throat:_____ | ☐ | ☐ | Hematologic:_____ |
| ☐ | ☐ | Infectious Disease:_____ | ☐ | ☐ | Musculoskeletal:_____ |
| ☐ | ☐ | Psychological:_____ | ☐ | ☐ | Genito-reproductive:_____ |

**CROSSTOWN SURGERY CENTER**
Phone: (952) 456-7300

# Preoperative History & Physical

**Please fax to 952-456-7399**

Patient Name:_____

**PHYSICAL EXAM:**

Height:_____ Weight:_____ BMI:_____ Blood Pressure:_____

Pulse:_____ Respirations:_____ LMP:_____ Women of child bearing age need a pregnancy test:

Results_____.

| | Normal | Abnormal - describe | | Normal | Abnormal - describe |
|---|---|---|---|---|---|
| General Appearance | ☐ | _____ | Heart | ☐ | _____ |
| Skin | ☐ | _____ | Abdomen | ☐ | _____ |
| Head | ☐ | _____ | Genitourinary | ☐ | _____ |
| Eyes | ☐ | _____ | Vaginal | ☐ | _____ |
| Ears | ☐ | _____ | Rectal | ☐ | _____ |
| Nose | ☐ | _____ | Musculoskeletal | ☐ | _____ |
| Mouth and Throat | ☐ | _____ | Lymphatics | ☐ | _____ |
| Neck | ☐ | _____ | Blood Vessels | ☐ | _____ |
| Thorax | ☐ | _____ | Neurological | ☐ | _____ |
| Breasts | ☐ | _____ | Other Findings/Diagnosis: | | _____ |
| Lungs | ☐ | _____ | | | |

**LAB / RADIOLOGY RESULTS:**

Hgb:_____ PLT:_____ INR:_____ BUN/Creat:_____

CXR:_____ (New or unstable cardiopulmonary disease)

Electrolytes: K + _____ (Digoxin or diuretic use, or renal disease)

If Diabetic, Glucose:_____

EKG:_____ (Enclosed copy) (Consider age guidelines: patients ≥ 60 or patients with hypertension, diabetes, peripheral vascular disease, chest pain, CAD if not done in last 6 months)

ECHO:_____ Stress Testing:_____

PFT: $FEV_1$_____ FVC_____

Other Test Results:_____

**IMPRESSION / ACTIVE PROBLEMS:**

☐ CAD: Severity/functional status:_____ ☐ Stable ☐ Needs preop evaluation
Most recent evaluation/intervention:_____

☐ HTN: ☐ Well controlled ☐ Other_____

☐ Valvular heart disease (or undefined murmur): Lesions/severity_____ ☐ Stable ☐ Needs preop evaluation
Last Echo:_____

☐ Dysrhythmia ☐ Atrial Fibrillation/Flutter ☐ Rate controlled ☐ Other:_____
☐ History of ventricular dysrhythmia_____

☐ CHF (or history of): Etiology:_____ ☐ Well compensated ☐ Other:_____
Last Echo:_____

☐ Pulmonary disease: ☐ COPD:_____ ☐ Restrictive ☐ Stable ☐ Other:_____
Last PFT:_____

☐ Sleep Apnea History of:_____

Other pertinent diagnoses:_____

_____

**PLAN:** ☐ Patient's active problems diagnostically and therapeutically optimized for planned procedure.
☐ Other_____
_____

**Provider Signature:**_____ **Date:**_____ **Time:**_____

**Print Provider Name:**_____

**Clinic Name and Number:**_____