

**PREOPERATIVE HISTORY AND PHYSICAL TEMPLATE EXAMPLE**

CHIEF COMPLAINT:

HISTORY:

This is a \_\_\_\_\_-year-old with \_\_\_\_\_\_\_\_ who complains of \_\_\_\_\_\_\_\_\_\_\_ (as dictated). \_\_\_\_\_\_\_\_ (procedure)Is now planned. Dr. \_\_\_\_\_\_ (Surgeon) has requested that I provide preoperative consultation before this procedure.

In addition to this chief complaint, this patient also presents with the following comorbidities relevant to surgery:

(list brief overview of their relevant comorbidities)

PAST MEDICAL HISTORY:

1.

2. etc.

PAST SURGICAL HISTORY:

1.

2. etc.

Patient (denies/complains of) previous surgical or anesthetic complications. *Include details of prior airway concerns or anesthetic records.*

MEDICATIONS:

1.

2. etc.

ALLERGIES:

1.

2. etc.

SOCIAL HISTORY:

*Highlight tobacco, alcohol and other substance use*

FAMILY HISTORY:   
(specifically Malignant hyperthermia, pseudocholinesterase deficiency, bleeding/clotting disorders)

REVIEW OF SYSTEMS:

General:

Psych:

Skin:

Eyes:

ENT:

Resp:

CV:

GI:

GU:

MSK:

CNS:

Endo:

Hem:

FUNCTIONAL CAPACITY: using Duke Activity Status Index score

PHYSICAL EXAM:

GENERAL:

VITAL SIGNS: HR \_\_\_, BP\_\_\_, RR\_\_\_\_, wt\_\_\_, ht\_\_\_\_, pulse ox \_\_\_\_, BMI \_\_\_

SKIN:

HEENT:

Airway assessment: Note Mallampati class (I,II,III, or IV)

NECK:

LYMPH:

LUNGS:

CARDIOVASCULAR:

ABDOMEN:

MUSCULOSKELETAL:

PSYCH:

NEUROLOGIC:

IV assessment: *Indicate if IV access is difficult and if long-term IV access is present. Please state if certain sites are to be avoided of IV access eg specific upper extremity due to presence of dialysis fistula or graft.*

DIAGNOSTIC STUDIES and indication:

(including labs and tests that were ordered)

ASSESSMENT AND PLAN:

This patient is/is not medically optimized for the planned surgery, see below for details.

Please include the following information, as relevant, in the Assessment and Plan documentation, as pertinent. **“Cleared for surgery” is not considered adequate.**

1. CARDIAC EVALUATION   
*It is suggested that the American College of Cardiology/American Heart Association Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery be used for preoperative evaluation* (<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000106>).

A. Ischemic Cardiac Risk: *Describe any history of cardiovascular disease and list the patient’s cardiologist/electrophysiologist. For CAD, report the results of the most recent stress test or cardiac cath, type of procedures or type of stents, date of MI, and recommendations for perioperative management. Include antiplatelet management. Continue baby aspirin for patients with cardiac stents - unless having neurosurgery (coordinate with surgeon).*

B. Ventricular function: *include most recent ECHO evaluation ideally performed within the past 2 years and level of compensation*

C. Valvular heart disease: *include most recent ECHO, type of prosthetic valve*

D. Arrhythmias: *include any implanted devices and recent interrogation report, contact EP about device management during the surgery and include recommendations provided. For A-fib include CHADS-VASC2 score*

E. Beta blockade: *All patients on chronic beta blockers should have these medications continue throughout the perioperative period unless there is a specifically documented contraindication.*

F. Hypertension: *Other than for cataract surgery, ACEI-inhibitors and ARBs should be held for 24hours prior to surgery and diuretics should be held the morning of surgery*

G. Vascular disease: *include antiplatelet management and dates of strokes*

2. PULMONARY EVALUATION

A. COPD/Asthma: *include any recent exacerbations, intubations, chronic O2 use, amount of rescue inhaler use*

B. OSA risk: *STOP BANG score - address severity of sleep apnea and CPAP use*

3. HEMATOLOGIC EVALUATION

A. Bleeding Risk: *assess the bleeding risk and history for every patient*

B. VTE Prophylaxis/Thrombotic risk: *estimate risk and provide recommendations*

C. Anticoagulation management: *include preop and post-op medication instructions*

D. Anemia: *preop treatment plan*

D. Oncology: *history and treatments*

4. ENDOCRINE EVALUATION

A. Diabetes mellitus: *include type, medication use, recent A1C, preop and postop management instructions*

B. Adrenal insufficiency risk: *assess for prolonged steroid use in the last year*

5. RENAL EVALUATION

A. CKD: *include stage, baseline labs*

B. ESRD: *include dialysis schedule, type, access, dry weight, location of dialysis. Generally, surgery should not be scheduled on a dialysis day.*

C. Electrolyte abnormalities

6. GI EVALUATION

A. Liver disease: including MELD score and Child-Pugh classification

7. OTHER relevant comorbidities or anesthesia considerations

(*substance abuse, chronic pain, delirium risk, PONV risk, psych disorders, neurologic disorders, infectious disease, etc.*)

**The following EPIC preop templates are available to all providers within the FH system:**

* **PAT FH Preoperative H&P V2 201302 (outpatient use)**
* **FH PAT PERIOPERATIVE MEDICINE PRE-OP H&P (inpatient use)**