PRE PROCEDURE EVALUATION

Age	Ht (cm)	Wt (kg)	BMI

Diagnosis

Procedure

☐ Anticipated to be prolonged and/or complex

SpO2	BP	HR	RR	Temp

Medications ☐ None

Allergies ☐ None

Surgical History ☐ None

☐ Previous problem with anesthesia or sedation (PONV, etc)

Labs ☐ None indicated HCG ☐ Neg ☐ Pos

Anesthetic Plan

☐ General ☐ MAC ☐ Advanced Beneficiary Notice complete

I have explained the anesthetic plan, options, and pertinent complications including when appropriate: death, severe neurologic impairment and blindness. The patient and/or legal guardian has communicated to me an understanding of both the anesthesic plan and inherent risks. Patient history reviewed by anesthesia provider.

Signature Time Date

AIRWAY

MP
- ☐ 1
- ☐ 2
- ☐ 3

Teeth
- ☐ Multiple missing
- ☐ Dent upper
- ☐ Dent lower

Neck ROM
- ☐ Normal
- ☐ Limited

- ☐ History of difficult airway
- ☐ Hx of stridor
- ☐ Hx of tracheal stenosis

- ☐ Macroglossia
- ☐ Previous neck radiation
- ☐ Micrognathaia
- ☐ Tonsillar hypertrophy
- ☐ Unstable cervical spine
- ☐ Retrognathia
- ☐ No visible uvula
- ☐ Tracheal deviation
- ☐ Limited mouth opening

CARDIAC ☐ WNL

- ☐ HTN
- ☐ Abnormal EKG
- ☐ Pacemaker
- ☐ Hyperlipidemia
- ☐ MI
- ☐ RRR
- ☐ Murmurs

Cath
Stress test
EKG
Echo

PULMONARY ☐ WNL

- ☐ Sleep Apnea ☐ on CPAP
- ☐ COPD
- ☐ Asthma
- ☐ Clear bilateral
- ☐ Equal bilateral

GASTROINTESTINAL ☐ WNL

- ☐ GERD
- ☐ Gastroparesis
- ☐ Swallow dysfunction

HEPATIC ☐ WNL

☐ Hepatitis A B C ☐ Recreational drug use ☐ Ascites

NEURO ☐ WNL

- ☐ Seizures
- ☐ CVA/TIA
- ☐ Migraines
- ☐ Neuropathy
- ☐ CN IX or X impairment
- ☐ Chronic pain syndrome
- ☐ Degenerative neurological disease (MS, MG, Parkinsons, ALS, etc.)

RENAL ☐ WNL

☐ Renal failure

ENDOCRINE ☐ WNL

☐ DM ☐ Thyroid disease

HEME/ONCOLOGY ☐ WNL

- ☐ Anemia
- ☐ Sickle cell
- ☐ Bleeding disorder
- ☐ DVT

MUSCULOSKELETAL ☐ WNL

- ☐ Obese
- ☐ Hypotonia
- ☐ Advanced RA
- ☐ Fibromyalgia
- ☐ Dysmorphic facial features

PSYCHOSOCIAL ☐ WNL

☐ Bipolar ☐ Anxiety ☐ Depression ☐ Combative or uncooperative

PQRS Ready