HOWARD COUNTY
GENERAL HOSPITAL
JOHNS HOPKINS MEDICINE

F

PRE-OP ANESTHESIA GUIDELINES FOR HCGH

NOTE - FOR ALL PROCEDURES (NO EXCEPTIONS) REQUIRED:

- ALL PATIENTS REQUIRE Pre- Op History & Physical WITHIN 30 DAYS (preferably within 14 days)
- D/C PHENTERAMINE AND ALL HERBAL MEDICATIONS AND TEAS 2 WEEKS PRIOR TO PROCEDURE
- ALL FEMALES OF CHILDBEARING AGE REQUIRE PREGNANCY TEST AT HCGH PRIOR TO PROCEDURE

NOTE - SPECIFIED PROCEDURES REQUIRE (SEE SURGEONS PRE- OP ORDERS):

- Pre- Op H&P WITHIN 30 DAYS (preferably within 14 days)
- Labs: CBC, CMP (Preferably within 14 days, but NO LONGER than 30 days prior to procedure)
- EKG (within 90 days of procedure)

NOTE:

- SLEEP APNEA - Instruct Patient to Bring C-PAP machine to surgery
- PATIENTS ON LITHIUM - Lithium level
- PATIENTS ON COUMADIN - INR/Coags
- PATIENTS ON ADRIAMYCIN - Echocardiogram
- PATIENTS ON DIGOXIN - Digoxin level

NOTE: AVOID COSTLY CANCELLATIONS AND DELAYS- HCGH MUST RECEIVE ALL SURGEON APPROVED PAPERWORK NO LATER THAN 5 BUSINESS DAYS PRIOR TO THE CASE.

Revised June 25, 2012

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HISTORY AND PHYSICAL
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PATIENT NAME:_____ DOB:_____ DATE OF VISIT:_____

PLANNED SURGERY / HISTORY AND PRESENT ILLNESS:_____

Food & Drug Allergies/Reactions ☐ None

☐ Latex Allergy ☐ None

Medications (prescribed medication, over the counter medications) - **Listed or Attached** ☐ None

Family History: ☐ None Contributing

Social History: ☐ None Contributing

Surgical History: ☐ None Contributing

*Note: Check Box if past/present history of the following. If none, please check the appropriate box.

Cardiovascular Disease
- ☐ Chest Pain/Tightness/Pressure/Heart Attack ☐ None
- ☐ Irregular Heart Beat/Palpitations/A-Fib
- ☐ Pacemaker/Defibrillator Brand _____
- ☐ Problem with circulation
- ☐ Blood Clot in legs or lungs
- ☐ High Blood Pressure
- ☐ History of Rheumatic Fever/Heart Valve Disorder
- ☐ Echo/Stress Test Date _____
- ☐ Leg cramps when walking short distance
- ☐ Shortness of breath at night
- ☐ Sleep with 2 or more pillows
- ☐ Congestive Heart Failure
- ☐ Other
- ☐ Cardiologist: _____ # _____

Respiratory Disease
- ☐ Smoking _____packs per day; ☐ None
- ☐ Quit _____
- ☐ Asthma
- ☐ Treated for TB
- ☐ Emphysema/bronchitis/productive cough
- ☐ Home Oxygen Therapy
- ☐ Shortness of breath at rest
- ☐ Upper respiratory infection (cold) within two weeks
- ☐ Sleep Apnea
- ☐ Use CPAP
- ☐ Had or told you need a Sleep Study
- ☐ Pulmonologist: _____ #_____

Skin
- ☐ Ulcers/open wound/rashes ☐ None

Neurological Disorder
- ☐ Stroke or mini-stroke (T.I.A.) ☐ None
- ☐ Carotid Blockage
- ☐ Seizures
- ☐ Back or Neck Problems
- ☐ Physical restrictions/limitations
- ☐ Forgetfulness/memory loss/ confusion
- ☐ Multiple Sclerosis/muscular dystrophy
- ☐ Nerve/Spinal cord injury
- ☐ Neuropathy/Myopathy
- ☐ Neurologist: _____ # _____

Blood Disorder
- ☐ Abnormal Bleeding tendency ☐ None
- ☐ Taking Blood thinners (such as aspirin, Coumadin, or Plavix)
- ☐ Sickle cell disease or trait
- ☐ Chronic anemia
- ☐ History of Blood Transfusion
- ☐ Religious or other objections to blood transfusion
- ☐ HIV positive/AIDS
- ☐ Hematologist :_____ # _____

- ☐ **Eye Disorder/Glaucoma/Retinal Detachment** ☐ None

- ☐ Ear Disorder/ "Ringing" in ears ☐ None
- ☐ Hearing loss

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HISTORY AND PHYSICAL
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PATIENT NAME: DOB:

☐ Thyroid Problem
☐ If yes, specify_____ ☐ None

Anesthesia Related Information ☐ None
☐ Anesthesia within one year
☐ History of difficult intubation
☐ Any objection to spinal/epidural anesthesia
☐ Arthritis in jaw/neck/back
☐ Difficulty opening mouth/TMJ
☐ Adverse reaction to anesthesia
☐ Relative with Malignant Hyperthermia
☐ Nausea or vomiting after anesthesia

Because drugs may interact adversely with anesthesia, please indicate the following:
☐ History of regular alcohol use or within 24 hours
☐ Use of steroids/cortisone in the past year
☐ History of "street drug" use or within 30 days
☐ Use of diet pills in 3 months

Psychiatric Disorder ☐ None
If yes, specify _____

Other illness or disease ☐ None
☐ If yes, specify
_____

For women ONLY
☐ First day of last menses: _____
☐ Post menopause/hysterectomy

☐ **Infectious Diseases** ☐ None

☐ **Kidney/Bladder/Prostate Disorder** ☐ None
If yes, specify _____
☐ Stones/infections/frequent UTI
☐ Inability to urinate after anesthesia
☐ Dialysis: Schedule _____

Gastro-Intestinal Disease ☐ None
☐ Liver disease (jaundice, hepatitis)
☐ Hiatal hernia/reflux/heartburn/ulcers
☐ Other _____

Recent HX of:
☐ Coumadin ☐ Aspirin ☐ None
☐ Steroids ☐ Herbal Supplements/Diet Pills
☐ Contagious Disease ☐ CPAP

PHYSICAL EXAM: Temp:_____ P:_____ R:_____ BP:_____ Ht:_____ Wt:_____

General/Reliability _____
Head/Neck _____
Lungs/Thorax _____
Heart/Pulse/Veins _____
Breasts _____
Abdomen _____
Genito/Rectal _____
Musculoskeletal _____
Skin _____
Neuro/Psych _____

LABS: ☐ CBC ☐ CHEMISTRY ☐ PT/PTT ☐ EKG ☐ CHEST X-Ray

OTHER:_____

☐ Cleared for Surgery ☐ Not Cleared for Surgery ☐ Cleared for Surgery Pending:_____

Date:_____ **Time:**_____ **Physician's Signature:**_____

Phone Number:_____ **Physician's Printed Name:**_____