PRE-OPERATIVE EVALUATION - ANESTHESIA

Present Illness: __________________________________________

______________________________________________________

MEDICAL HISTORY:
Allergies or adverse drug reactions (Latex?): __________________________________________

Current Medications: __________________________________________

Cardiovascular: __________________________________________

Pulmonary: __________________________________________

Gastrointestinal/Hepatic: __________________________________________

Neuro-Psych: __________________________________________

Endocrine: __________________________________________

Other: __________________________________________

ANESTHESIA HISTORY
Patient History: __________________________________________

Family History: __________________________________________

EXAM: Airway: __________________________ Teeth: □ Intact □ Missing □ Loose □ Chipped □ Caps
Heart/Lungs: __________________________ □ Dentures ↑↓ □ Partials ↑↓ □ Bridges ↑↓

NPO Status: _______ Pertinent Test Results: __________________________

Assessment: __________________________ ASA Classification: 1 □ 2 □ 3 □ 4 □

Plan: __________________________________________

I have discussed risks, benefits, and options for anesthesia-related procedure, and post-op analgesia with Patient / Guardian, and she/he appears to understand and consents to proceed.

Anesthesiologist Signature: __________________________ Date: _______ Time: _______

POST-OPERATIVE NOTE: Enter this note after the patient has made a proper recovery from anesthesia.

□ Vital signs stable. Comments:

□ Alert and oriented.

□ No apparent anesthetic complication

□ Discharge home per PACU criteria.

□ See progress note for additional detail.

Anesthesiologist Signature: __________________________ Date: _______ Time: _______
Oxygen 2-10 L/min by nasal prongs, facemask, or cup for SpO₂ < 92%.

Monitor vital signs, SpO₂, and ECG while in Phase I.

If systolic BP falls below _____ mmHg, give 250 mL of lactated Ringer and notify anesthesia.

If systolic BP < ______ and/or diastolic BP < ______ mmHg, give _____ mL of lactated Ringer and notify anesthesia.

If HR > ______, notify anesthesia.

If systolic BP falls below _____ mmHg, give 250 mL, bolus of lactated Ringer and notify anesthesia.

If systolic BP nearly empty, hang another of lactated Ringer or D5/LR. (Do not bolus with D5/LR.)

Medications:

- Hydromorphone (Dilaudid) 0.25-0.5 mg IV PRN - Max = ______ mg for pain
- Morphine Sulfate 0.5-2 mg IV PRN - Max = ______ mg for pain
- Meperidine (Demerol) 0.25-1 mg IV PRN - Max = ______ mg for pain
- Ketorolac (Toradol) IV PRN pain times one if not given prior
- Ondansetron (Zofran) 2-4 mg IV PRN - Max = 4 mg IV PRN - Maximum of 4 mg for nausea/vomiting
- Diphenhydramine (Benadryl) 6-25 mg IV PRN - Max = ______ mg IV PRN for nausea/vomiting
- Promethazine (Phenergan) 2-4 mg IV PRN - Max = ______ mg IV PRN for nausea/vomiting
- Scopolamine Transdermal Patch 1.5 mg post auricular PRN for nausea/vomiting
- Belladonna 16.2 mg and Opium 60 mg suppository (B&O) PRN uterine cramping or bladder spasm
- Ondansetron Transdermal Patch 16 mg post auricular PRN for nausea/vomiting
- Oth:

Release from Phase I recovery with Aldrete score of eight (8). In addition, release patient having regional anesthesia when cold/sensation is T10 and/or:

- Release from Phase I when discharge criteria are met.
- Release from Phase II when discharge criteria are met.

Other:

- Allergic reaction
- Scopolamine Transdermal Patch 1.5 mg post auricular PRN for nausea/vomiting
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