Saskatchewan Health Authority

LLOYDMINSTER HOSPITAL PRE-OPERATIVE HISTORY & ASSESSMENT

HISTORY

(Positively ticked boxes warrants investigations - see grid/pre-op test requisition)

Allergies:

☒ None

Proposed Surgery:

Medical/Surgical History:

☒ None

Personal/Family history of anesthetic problems/ bleeding problems:

☒ None

Cardiovascular:

- ☐ Atrial fibrillation / Irregular heart beat
- ☐ Coronary Artery Disease / Cardiac Stent
- ☐ Cerebral vascular disease / TIA / Stroke
- ☐ Valvular heart disease / valve replacement
- ☐ Defibrillator / Pacemaker
- ☐ Heart Failure
- ☐ Peripheral vascular disease

☒ None

Respiratory:

- ☐ History of Pulmonary vascular disease
- ☐ Severe COPD / Severe Asthma
- ☐ Home Oxygen
- ☐ Pulmonary Hypertension

☒ None

Endocrine:

- ☐ Thyroid disease / on thyroid medication
- ☐ Adrenal / Pituitary / Major Systemic Endocrine disease.
- ☐ Diabetes

☒ None

Other Conditions:

- ☐ Age ≥ 69 y/o ; ≥ 2 risk factors (HTN, DM, OSA, CKD, BMI > 35)
- ☐ Anemia in past 12 months / ongoing blood loss
- ☐ Chronic Kidney disease / on dialysis
- ☐ Present malignancy / Surgery for malignancy
- ☐ Liver disease

☒ None

Medications/Vitamins:

- ☐ Digoxin
- ☐ Lithium
- ☐ Diuretics
- ☐ Anticoagulants / Antiplatelets (excluding ASA)
- ☐ NSAID's
- ☐ Systemic steroids in the past 6 months
- ☐ ACE-I / ARB

☐ Please attach & fax a list of all current medications ☒ None

Please fax to OR Bookings: 306-825-3029 and give original to the patient.

Patient information:

Name:_____

DOB:_____

PHYSICAL EXAMINATION:

HT:_____ cm BP:_____

WT:_____kg HR:_____

BMI:_____

Head/Neck: ☒ Normal

Heart: ☒ Normal

Lungs: ☒ Normal

Abdomen: ☒ Normal

MSK: ☒ Normal

Pelvic / GU: ☒ Normal / Deferred

LMP:

☒ BHcG required **(Please provide Hospital Lab requisition, to be done within 1 week of surgery date)**

General condition/Mental health:

DID YOU LOOK AT THE GRID and/or PRE-OP REQUISITION TO DECIDE ON THE FOLLOWING OPTIONS FOR PRE-OP LAB/ IMAGING?

☒ **YES** ☐ **NO**

☐ Tests ordered today as per grid/pre-op test requisition, to be done within one week of PAC appointment.

AND/OR

☒ Tests recently completed, fall within validity period with no changes in patient health since test was done. (Please attach & fax test results to 306 825 5940)

OR

☒ Patient does not require any tests.

Date completed:_____

Physician name:_____

Physician signature:_____