

Patient Name:	
DOB:	MR #:
(Place Label Here if Available)	

PREOPERATIVE MEDICAL/CARDIAC EVALUATION

Dear Doctor: Your patient is scheduled for a procedure at Lutheran Medical Center. Please provide the following information. This can be critical for proper decision-making and treatment during the perioperative period. Please address relevant clinical issues, provide prior test results **with dates**, and recommend any specific therapies you feel should occur perioperatively. Thank You for your cooperation.

Consultant (print):	Date of Consultation:	Time:
Specialty: <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Family Practice <input type="checkbox"/> Cardiology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Other:	Date Scheduled:	Surgeon:
Planned Surgery:		

History	PAST MEDICAL HISTORY:																							
	PAST SURGICAL HISTORY (include known complications):																							
	MEDICATIONS AND DOSAGES:																							
	ALLERGIES:																							
	SOCIAL: <input type="checkbox"/> Tobacco <input type="checkbox"/> EtOH <input type="checkbox"/> Drug Use																							
	EXERCISE TOLERANCE:																							
<table border="1" style="width: 100%;"> <tr> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">PCI/ CARDIAC SURGERY</td> <td>STENTS:</td> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Rhythm</td> <td><input type="checkbox"/> Pacemaker</td> <td>TYPE? _____</td> </tr> <tr> <td><input type="checkbox"/> Drug Eluting Date: ___/___/___</td> <td><input type="checkbox"/> AICD</td> <td>Mfr? _____</td> </tr> <tr> <td><input type="checkbox"/> Bare Metal</td> <td><input type="checkbox"/> Arrhythmias</td> <td>Last Check? ___/___/___</td> </tr> <tr> <td><input type="checkbox"/> PTCA Number of Vessels: ___</td> <td></td> <td>Magnet Sensitive? _____</td> </tr> <tr> <td><input type="checkbox"/> CABG</td> <td>Valve: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Valve Surgery</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PCI/ CARDIAC SURGERY	STENTS:	Rhythm	<input type="checkbox"/> Pacemaker	TYPE? _____	<input type="checkbox"/> Drug Eluting Date: ___/___/___	<input type="checkbox"/> AICD	Mfr? _____	<input type="checkbox"/> Bare Metal	<input type="checkbox"/> Arrhythmias	Last Check? ___/___/___	<input type="checkbox"/> PTCA Number of Vessels: ___		Magnet Sensitive? _____	<input type="checkbox"/> CABG	Valve: _____				<input type="checkbox"/> Valve Surgery				
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EXPLAIN:																								

Physical	Date of exam: ___/___/___ Vitals: T___ P___ R___ BP ___/___ Ht. ___'___" Wt. ___lb ___kg	
	HEART:	NEUROLOGIC:
	LUNGS:	Extremities:
	Other:	

Labs	BLOOD WORK : Date of Testing: / /	
	WBC: ___ Na: ___ Glu: ___ PT: ___ T3: ___ Other:	
	Hgb: ___ K: ___ BUN: ___ PTT: ___ T4: ___	
	Hct: ___ Cl: ___ CR: ___ INR: ___ TSH: ___	
	Plt: ___ CO2: ___ Ca: ___	
	ECG: Date ECHO: Date	/ / / /
	CXR: Date Stress Test: Date	/ / / /
	PFT's: Date Coronary Cath: Date	/ / / /
Other: Date Other: Date	/ / / /	

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PREOPERATIVE MEDICAL/CARDIAC EVALUATION

Stepwise Preoperative Evaluation of Cardiac Status

- The following stepwise approach based on the 2007 AHA / ACC / LMC guidelines should be followed by the consultant
- Please note that at any step, further evaluation should be performed if there is likelihood that testing might influence management. This might include alterations in medical therapy, perioperative monitoring, or a delay in surgery for optimization
- Refer to the "Stepwise Approach to Preoperative Cardiac Assessment" www.lmcmc.com/pst

		Notes:
1.	<input type="checkbox"/> Emergency Case?	
2. Active Cardiac Conditions	<input type="checkbox"/> Unstable / Severe Angina / Recent MI	
	<input type="checkbox"/> Decompensated Heart Failure	
	<input type="checkbox"/> Significant Arrhythmias	
	<input type="checkbox"/> Severe Valvular Disease	
	<input type="checkbox"/> Recent Stent (BMS<45d, DES<365d, PCA<14d)	
3. Surgical Risk	<input type="checkbox"/> High MAJOR emergent, vascular, abdominal, orthopedic, thoracic, or neuro-surgery, anticipated large fluid shifts/ blood loss	
	<input type="checkbox"/> Intermediate head and neck, orthopedic, prostate surgery	
	<input type="checkbox"/> Low endoscopic procedures, superficial procedures, cataract surgery	
4. Clinical Risk Factors	<input type="checkbox"/> Ischemic Heart Disease <input type="checkbox"/> MI <input type="checkbox"/> Angina	<div style="text-align: center; background-color: #e0e0e0; padding: 5px;">Information:</div> <ul style="list-style-type: none"> ◆ Stepwise Evaluation tips <ul style="list-style-type: none"> ▪ Active Cardiac conditions must be addressed preoperatively ▪ Patients with poor functional status for other than low risk procedures may need additional testing preoperatively ◆ ACC Guidelines for Elective Surgery on PCI patients <ul style="list-style-type: none"> Drug-eluting stents : > 365 days → Proceed to OR with Aspirin +/- Plavix < 365 days --- delay elective or nonurgent surgery Bare-metal stent: > 30-45 days → Proceed to OR with Aspirin +/- Plavix < 30-45 days --- delay elective or nonurgent surgery Balloon angioplasty: > 14 days → Proceed to OR with Aspirin < 14 days ----delay elective or nonurgent surgery ◆ Patients on Beta Blockers should remain on these medications in the perioperative period ◆ Please refer to www.lmcmc.com/pst for preoperative instructions including a list of which medications to hold or give preoperatively ◆ Please refer to www.lmcmc.com/pst for more details ◆ Please call PST at 718 630-7192 with questions
	<input type="checkbox"/> History of CHF <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic	
	<input type="checkbox"/> History of CVA <input type="checkbox"/> TIA <input type="checkbox"/> Stroke	
	<input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II	
	<input type="checkbox"/> Renal Insufficiency	
5. Functional Capacity	<input type="checkbox"/> Good: Over 4 METS – Can walk 2 blocks or up a flight of stairs without dyspnea	
	<input type="checkbox"/> Poor: Under 4 METS – Cannot walk 2 blocks or up a flight of stairs without dyspnea	
	<input type="checkbox"/> Unknown	

Comments / Details / Explanations / Recommendations

PRE-OPERATIVE SUMMARY:

OVERALL RISK: Low Intermediate High

- The patient is stable and medically optimized
- Perioperative medical treatment is required (explain)
- Further consultation is required
Cardiology Pulmonology Neurology Other_____
- Further testing is required (explain)
- Ambulatory surgery contraindicated

Recommendations for the following must be provided as indicated:

- ◆ Perioperative Beta Blockers
- ◆ Perioperative Medication Use
- ◆ Endocarditis Prophylaxis required per AHA 2007
- ◆ Antiplatelet / Anticoagulant use
- ◆ AICD/Pacemaker precautions
- ◆ Management of stent patients per 2007 ACC

PHYSICIAN SIGNATURE: _____

PHONE: _____ FAX: _____ PAGER: _____