

McLaren Print System Order

Order No: 60157 Reprint Previous Order No: 20362
 Order Date: 2021-02-04
 User: Melissa Grobbel
 Phone: 8103425108

Ship Location: McLaren Flint - PACU Attn: Melissa
 401 S. Ballenger Hwy.
 Flint, MI 48532

Forms

Quantity: 100
 Paragon Dept No: 30210
 Dept Name: PACU
 Company Number: 60

Order Total Price: 0.00

Item Number: 17962
 Item Description: Preoperative and Postoperative
 Revision Date: 9/2015
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren-Flint
ANESTHESIA EPICARDIAC SCAN/TRANSESOPHAGEAL ECHOCARDIOGRAM RECORD
INTRAOPERATIVE ASSESSMENT

PRE-OPERATIVE/ DEPLOYMENT ASSESSMENT

PRE-OPERATIVE ASSESSMENT OF ASCENDING AORTA:

Diffuse Aortic Calcification (Prevalent Aorta) <input type="checkbox"/> Yes <input type="checkbox"/> No			Wall Motion Abnormalities: Inferior Lateral Anterior Right Heart	Pericardial Effusion: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: _____cm
Aorta of Asc Aorta/Arch for atherosclerosis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported				
Normal Aortic/No or minimal plaque (Grade 0)	Protruding Atherosclerosis < 5 mm (Grade II)	Mobile plaques (Grade I)	Pulmonary Effusion: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: _____cm	Pre-op Ejection Fraction: _____%
Extensive intimal thickening (Grade II)	Protruding Atherosclerosis > 5 mm (Grade III)	Not Documented		
RA Systolic Pressure: _____mmHg LV End Systolic Dimension: _____mm (LVEDD)				

PRE-OPERATIVE/DEPLOYMENT

Aortic Insufficiency: None Trivial/Trace Mild Moderate Severe Not Documented

Aortic Valve Disease: Yes <input type="checkbox"/> No <input type="checkbox"/>	Peak Velocity: _____m/s	Aortic Valve Area: _____cm ²	Mean Gradient: _____mmHg	Peak Gradient: _____mmHg
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POST DEPLOYMENT/ PROCEDURE ASSESSMENT Post EF: _____%

Aortic Insufficiency: None Trivial/Trace Mild Moderate Severe Not Documented

Aortic Valve Disease: Yes <input type="checkbox"/> No <input type="checkbox"/>	Peak Velocity: _____m/s	Aortic Valve Area: _____cm ²	Mean Gradient: _____mmHg	Peak Gradient: _____mmHg
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Mitral Valve:

Mitral Insufficiency: None Trivial/Trace Mild Moderate Severe Not Documented

Mitral Valve Disease: Yes <input type="checkbox"/> No <input type="checkbox"/>	Valve Area: _____cm ²	Mean Gradient: _____mmHg	Peak Gradient: _____mmHg
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Carpenter Mitral Leaflet Motion Classification: Type I (normal) Type II (excessive) Type III (excessive both anterior/posterior) Type IIIb (restricted systolic) Not Documented (leave blank for prosthetic valves)

Tricuspid Valve:

Tricuspid Insufficiency: None Trivial/Trace Mild Moderate Severe Not Documented

Tricuspid Valve Disease: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tricuspid Stenosis: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tricuspid Annulus Size: _____cm
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Physician Printed Name: _____
 Signature: _____ Date/Time: _____

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