McLaren

THUMB REGION

Pre-Anesthesia Assessment

Date of Surgery: _____ Today's Date _____

Surgery Planned: _____ Site: _____

Surgery Planned: _____ Site: _____ Surgeon: _____

Height ____ in Weight ____ lbs BMI _____

Medical History				Surgical History			
Have You Had or Still Have	Y	N	Physician Use Only	Have you Had or Still Have	Y	N	Physician Use Only
☐ Allergies ☐ NKDA	☐	☐		☐ Latex ☐ Food Allergy	☐	☐	
Recent Cold or Infection Requiring Antibiotics	☐	☐			☐	☐	
Bronchitis/Chronic Cough	☐	☐		☐ Brain ☐ Neck ☐ Jaw Sgy	☐	☐	
Asthma, Hayfever	☐	☐		☐ Thyroid, ☐ Breast Surgery	☐	☐	
Pneumonia ☐ (abx in last 6 wks)	☐	☐		☐ Heart Surgery ☐ Lung Surgery	☐	☐	
Emphysema/COPD	☐	☐		Kidney Surgery	☐	☐	
Shortness of Breath	☐	☐		☐ Stomach ☐ Abdominal Surg	☐	☐	
Smoke/Tobacco ○ Y	○ Y	○ N		Hernia Surgery	☐	☐	
Sleep Apnea/CPAP	☐	☐		Had Blood Transfusion	☐	☐	
High Blood Pressure	☐	☐		Hx Difficult Intubation	☐	☐	
Chest Pain/Angina	☐	☐		Hx of Malignant Hyperthermia	☐	☐	
Heart Attack(s) ☐ In last 6 mths?	☐	☐		History of N/V r/t surgery	☐	☐	
☐ Palpitations: Fast/Irreg Heart	☐	☐		Abnormal Reaction to Anes.	☐	☐	
☐ Anemia	☐	☐		Awareness under Anesthesia	☐	☐	
Heart Valve/ Bld Vessel Disease	☐	☐		Pt on Beta Blocker Therapy	☐	☐	
Rheumatic Fever/ Heart Murmur	☐	☐		Are you Pregnant Now?	☐	☐	
☐ Blood Clots ☐ Pacer/AICD	☐	☐		Serious Illness While Pregnant	☐	☐	
☐ Kidney Failure ☐ Diabetes	☐	☐		Other Illness Not Mentioned	☐	☐	
_____	☐	☐		Bleeding Bruising	☐	☐	
Jaundice/Hepatitis/Liver Disease	☐	☐		FOR ANESTHESIA USE - TEST RESULTS			
Seizures, Convulsions, Epilepsy	☐	☐		EKG ○ NORMAL ○ ABNORMAL			
☐ Alcohol ☐ Drugs	☐	☐		CXR ○ NORMAL ○ ABNORMAL			
Back Pain/Injury	☐	☐		Hgb ____ Hct ____ Plat ____ NA ____ K+ ____			
☐ Glaucoma ☐ Thyroid Disease	☐	☐		CL_____CO2_____PT/INR_____PTT_____HCG: _____			
CVA/Stroke/TIA ☐ Within 6mths	☐	☐		UA_____BS_____BUN_____CREAT _____			

PHYSICAL ASSESSMENT FINDINGS

CARDIAC RHYTHM:

○ REGULAR S1 S2 ○ IRREGULAR ○ MURMER

TEETH

○ WNL ○ DENTURE(S) ○ LOOSE TEETH ○ DECAY

MALLAMPATI CLASSIFICATION

☐ I ☐ II ☐ III ☐ IV

NPO: _____

LUNGS:

○ NORMAL ○ WHEEZING ○ RALES/CRACKLES/OTHER

AIRWAY

☐ NO APPARENT PROBLEM OTHER: _____

ANESTHESIA CLASSIFICATION

☐ ASA ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ E

Type of Anesthesia

GENERAL: ☐ ETT ☐ LMA ☐ IV ☐ Inhalation Mask ☐ IV SEDATION ☐ SAB ☐ Regional Nerve Blk ☐ Epidural

Date: _____ Time: _____ MDA/CRNA:

Date: _____ Time: _____ MDA/CRNA: _____