McLaren Flint

Pre-Operative Cardiac Surgery Communication Sheet

Pertinent History

Age:___________yrs Sex: M / F ALLERGIES: ☐ NKA ☐PCN ☐________________________

Height:_________cm Wt:________kg Intensivist:__________________________________

☐ Hypertension
☐ Coronary Artery Disease
☐ MI → ________________________
☐ Previous Coronary Stent
☐ Atrial Fibrillation
☐ CHF
☐ Permanent Pacemaker ☐ ICD

☐ Diabetes Mellitus
☐ COPD
☐ Carotid Stenosis
☐ CVA / ☐TIA__________
☐ Renal Disease
☐ Sleep Apnea ☐has CPAP
☐ EtOH / ☐ Drug Abuse: ____________________________

☐ HIV
☐ Hepatitis C
☐ Cancer______________________
☐ Dialysis: ↓
☐Peritoneal / ☐Hemodialysis
☐Fistula (L / R)

Other Deficits:
☐ Hard of Hearing:_____________
☐ Speech/Language Impairment
☐ Dementia
☐ Weakness (L / R)__________
____

Other Pertinent Medical History____

Lab/Test Results	Ordered	Results	Comments
CBC w/ Diff			
CMP			
Hemoglobin A1C			
MRSA Culture		☐ Neg ☐ Pos	
PT / PTT / INR			
Troponin			
U/A		☐ Neg ☐ Pos	C&S:
Carotid Doppler (%)		L_______ R_______	
CXR		☐ No Acute Process ☐	______________________________________
Echo Date: ____/____/ ______		EF_________%	AI __________ MR __________ TR __________ PR __________
EKG			
PFT		FEV1_______%Pred	
Cardiac Catheterization (%)	☐ No Coronary Artery Disease LM:_______ Ramus:_______ LAD:_______ D1:_______ D2:_______ C X:_______ OM1:_______ OM2:_______ RCA:_______ PDA:_______ PV:_______		
ABG			
Hep B / Hep C			
TSH			
ABI:		☐ Normal L: 0._____ R: 0. _____	
Radial Artery Dependency		☐ L ☐ R	
Vein Mapping			

STS Mortality __________% Date Surgeon Notified (>10%): ____/____/________

SIGNATURES/DATE:

Mid-Level Provider: ____ Date: ____________________ Time: __________

CV Surgeon: ____ Date: ____________________ Time: __________

PT.

MR.#/P.M.

DR.

McLaren Flint

Cardiac Surgery Procedure Report

Intraoperative

☐On-Pump/☐Off-Pump ☐Reoperation ☐Robot Assist ☐MIDCAB ☐ Minimally Invasive

☐ CABG X _____ LIMA→________, RIMA→________, RA→__________, SVG→__________, SVG→__________, SVG→__________

Harvest Site: ☐ Lower Extremity (L / R) ☐ Radial Artery (L / R)

☐Aortic Valve Replacement Mitral Valve: ☐ Repair / ☐ Replacement Tricuspid Valve: ☐ Repair/ ☐ Replacement

☐MAZE Aortic/Other Procedure:____

Chest Tubes: Mediastinal x _____ Pleural (☐L / ☐R / ☐B/L) _____Pleurovac(s) **PMW**: ☐None / ____Atria / ____Vent.

☐ Inominate CVP Line ☐ IABP (L / R)

☐ Carotid Endarterectomy (L / R) ☐ Foley catheter placed by urologist → discuss with urologist prior to removal

☐ Additional____

Anesthesia

IV Access:____ Swan Ganz _____cm (L / R) ☐ IJ / ☐ Subclavian / ☐ Femoral

Arterial Line: (L / R)Femoral (L / R)Radial (L / R)Brachial ☐ Preoperative IABP (L / R)

Intubation: ☐ Uncomplicated / ☐ Difficult / ☐ Fiberoptic Endotracheal Tube______________cm

Pre-Op TEE:

____EF:_____%

Post-Op TEE:

____EF:_____%

Continuous IV Drips From OR		Other Medications	Blood Products / Fluid Balance In OR
☐ Dobutamine	☐ Cardizem	Total Protamine_________mg	PRBC_________________units
☐ Dopamine	☐ Amiodarone	☐Cefazolin (Time______:______)	Platelets_______________units
☐ Epinephrine	☐ Norepinephrine	☐Vancomycin (Time______:______)	FFP__________________units
☐ Milrinone	☐ Insulin	☐____________________	Cryoprecipitate_________units
☐ Nitroglycerine	☐ Propofol	☐____________________	Factor VIIa _____________units
☐ Nitroprusside	☐____________________		

Amicar Administered: ☐YES ☐NO Please state rationale if not given: ____________________________________

____

Hemodynamics / Labs Prior To Transport

CI: ______ L/min/m^2 SvO_2:______mg/L PA Pressures:_______mm Hg

Rhythm:_______________ Pacemaker: ☐ On / ☐ Off ☐ Pacer dependent

ACT____________sec Hct_________% K^+________mEq/L Glucose________mg/dL

ATX/Cell Saver_________________ml

Total IV Fluids_________________ml

Total Pump Fluids_______________ml

Total Urine Output______________ml

Expected Ventilator Settings in CCU

Tidal Volume_______ ml Rate______/minute FIO_2 100 % Mode______ PEEP____ cmH_2O ☐ Nitric Oxide_____ ppm

Anesthesia-to-Intensivist Hand-Off

______________________________ ______________________________ **Date_____/_____/________**

Anesthesia Signature **Intensivist Signature**

Phone # ______________________________ **Time______:______**

CARDIAC SURGERY PROCEDURE REPORT

260

PT.

MR.#/P.M.

DR.