



Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Surgeon: \_\_\_\_\_

**Elective Admission/Surgery H&P Form**  
*H & P Valid 30 days from completion*

<b>ADMITTING DIAGNOSIS:</b>	<b>ANESTHESIA PREFERENCE:</b> (LOCAL, GENERAL, REGIONAL)
<b>PROPOSED OPERATION/PROCEDURE</b>	<b>Specialists involved in patient's care:</b>

<b>HPI:</b>	
<b>PAST HISTORY:</b>	<b>DRUG ALLERGIES:</b> <input type="checkbox"/> NONE  <b>LIST:</b>
<b>MEDICAL:</b>	
<b>SURGICAL:</b>	
<b>FAMILY:</b>	

<b>REVIEW OF SYSTEMS:</b>	<b>NWL</b>	<b>Abnormal/ Comment</b>
General:		
HEENT:		
Neck:		
Cardiovascular:		
Pulmonary:		
GI:		
GU:		
Extremities:		
Skin:		
Neuro:		

Tobacco Use: \_\_\_\_\_

If yes, smoking cessation counseling provided  Yes  No

Alcohol Use: \_\_\_\_\_

Recreational Drugs: \_\_\_\_\_

Pregnant  Tested



Patient Name: \_\_\_\_\_

## Elective Admission/Surgery H&P Form ADMISSION MEDICATION RECONCILIATION FORM

LIST BELOW ALL OF THE PATIENTS MEDICATIONS PRIOR TO ADMISSION INCLUDING: RX, OTC, HERBAL MEDS, BLOOD DERIVATIVES, NUTRICEAUTICALS, RECENT VACCINATIONS, VITAMINS, RESPIRATORY MEDS AND TOTAL PARENTERAL NUTRITION. NEW MEDICATIONS OR MEDICATION CHANGES SHOULD BE WRITTEN ON A SEPARATE PHYSICIANS ORDER SHEET.

<b>DO NOT USE THE FOLLOWING ABBREVIATIONS:</b> Ug (use 'mcg') U (use 'Unit') IU (use 'International units') QD, QOD (use 'daily' or 'every other day')				
	<b>Medication Name</b> Please Print	<b>DOSE</b>	<b>ROUTE</b>	<b>FREQUENCY</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				



## **EKG**

Males over 50 (these are the only routinely suggested tests)  
Females over 50 (these are the only routinely suggested tests)  
Any history of cardiac disease or severe hypertension  
Highly invasive procedures  
Diabetics over 40

## **CHEST X-RAY – RARELY INDICATED EXCEPT FOR:**

- Cardio Pulmonary disease which is debilitating or with change of symptoms or exacerbation in past 6 months
- Highly invasive thoracic surgery

## **PULMONARY FUNCTION TESTS – RARELY INDICATED AS ANESTHESIA SCREENING TESTS**

They are indicated for major thoracic surgery

## **HEMATOCRIT, PLATELET COUNT, WBC**

Indicated by patient history, i.e.; Anemia, Chemo Rx or anticipated large blood loss

## **COAGULATION TESTS**

Only indicated for patients with a history of a bleeding disorder or for those undergoing highly invasive vascular procedure.

## **ELECTROLYTES, BUN/CREATINE, GLUCOSE**

Indicated by patient's history. BUN may be indicated in elderly patients having invasive procedures. Chronic use of diuretics is not an indication for K<sup>+</sup> testing in otherwise healthy, active patients.

## **NPO REQUIREMENTS**

### **ADULT**

No solid food after midnight  
Clear fluids until 4 hours prior to scheduled arrival at hospital.

### **CHILDREN OVER 1 YEAR OLD**

NPO 6 hours pre-op for solids  
NPO 4 hours pre-op for breast milk  
Offer clear fluids up to 2 hours pre-op

### **CHILDREN UNDER 1 YEAR OLD**

NPO 6 hours for solid foods  
NPO 4 hours for breast milk  
Offer clear fluids up to 2 hours pre-op

## **PRE-OP MEDICATIONS**

Patient should take all routine meds for the morning of surgery except insulin and oral hypoglycemic drugs. Glucophage should be discontinued 24 hours prior to surgery.

The surgeon should give specific instructions about anticoagulants, ASA and NSAID'S.