Name:
-------

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

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



Pptimum rthopaedics

YOU DESERVE THE BEST HEALTH

HPI:

H & P Valid 30 days from completion

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

PAST HISTORY:	DRUG ALLERGIES:
MEDICAL:	LIST:
SURGICAL:	
SURGICAL:	
FAMILY:	

REVIEW OF SYSTEMS:	NWL	Abnormal/ Comment
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.

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

Pg. 3 of 4

Patient Name:



# Elective Admission/Surgery H&P Form

PHYSICAL EXAMINATION			Vital S	Signs				
			Ht:	Wt:	B/P:	P:	Resp:	Temp:
EXAM:	NML     Check if Normal	NOTE AB	NOTE ABNORMAL FINDINGS				Pertinent Data Reviewed:	
Constitutional		General ap	pearanc	e.				Pertinent Labs:
Psych								
Neck		□Appearan□Bruits	ice □V	eins <b>⊡</b> Tra	chea midline	e 🗖 Thyro	bid	
Ear, nose & throat								
Eyes		D Pupils/So	clera		🗖 Fu	undoscopi	c exam	
Cardiovascular			I Rhythm  ☐ Murmur  ☐ Gallup  ☐ Rub					
Respiratory		<ul> <li>Respirate</li> <li>Palpation</li> </ul>	Respiratory effort					
Gastrointestinal		🗖 Tenderne	ess 🗖	Masses	D Organome	egaly 🗖 F	Pulsation	Radiology: 🗖 N/A
Genitourinary		🗖 Genitalia	Genitalia CRectal/pelvic					
Musculoskeletal		Weaknes	J Weakness D Atrophy D Deformity					
Neuro								
Skin		🗖 Rash 🛛	Rash 🗆 Wound 🗖 Scars					
Lymph Nodes		🗖 Adenopa	thy					EKG/ECHO/OTHER:
Extremities		🗖 Edema	Puls	ses 🗖 Joi	nts			
Additional Comments	;;							·

\* APRN/NP/PA completing H&P consultation require MD co-signature.

Signature

M.D. Signature

M.D. Print Name

Date

Date

Time

Time



## 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

<u>Only</u> 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.