GENERAL PERIOPERATIVE MEDICINE APPROACH

ID - Date of surgery, type of surgery, surgeon's name.

HPI:
CARDIAC ☐ Ischemic risk assessment - see Cardiac Risk Index, list all cardiac risk factors ☐ CHF S/Sx
 ☐ Functional assessment – 1 flight of stairs, scrubbing floors, run short distance ☐ Pay attention to Aortic Stenosis, recent MIs, recent revascularizations (if PCI, find out if stents, what type of stents) ☐ Hypertension
☐ Arrhythmias☐ SBE prophylaxis
PULMONARY ☐ Risk assessment ☐ COPD / Asthma / active TB
Hematologic ☐ Bleeders ☐ Clotters ☐ All anticoagulation issues – warfarin, LMW heparin, ASA, NSAIDs, anti- plt
Endocrine ☐ Diabetes (type 1 vs type 2) ☐ Adrenal insufficiency ☐ Other: Pheo, hungry bone post parathyroidectomy
MSK □ Joints affecting intubation
MEDICATIONS - Obtain complete, including OTC ☐ ACEi/ARB - usually held 24 hrs, but 2014 AHA GL: OK to continue ☐ Steroids - ? stress dose needed ☐ Diabetic agents (oral or insulin) ☐ Statin - continue for all. Start if vascular surgery ☐ ASA/Plavix - hold 7 days if no reason to continue; anticoagulants; NSAIDs 1-3 d. ☐ Drugs that predispose to delirium ☐ Drugs that need levels checked
OTHER ☐ EtOH use, baseline cognition – post-op delirium ☐ Latex allergy
IMP/PLAN ☐ Give an idea of risk ☐ Periop tests recommended or not recommended ☐ Specific recommendations to each category above

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Recommendations on medications	
Think about periop/post-op issues – IV fluids, pain control, DVT prophylaxis	