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

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