

Patient ID

PRE-ANAESTHESIA CHECKUP CHART

Name: Age: Sex: UHID.No :
.....

Date : Time : Proposed
Operation Preoperative Diagnosis

Physical Activity : CVS: _____

RESP: _____

CNS: Diabetes : _____

Renal: _____

Hepatic /GE: APD+/-

Others: _____

Past Anaesthetic History: _____

Physical Exam

Airway: MP 1 2 3 Mouth Opening Mentohyoid Distance: Neck: Teeth:

Lungs: _____

Heart: _____

CNS: Pupils :

Others : E V M

Pallor : +/- Venous Access Site :
: Spine Exam for regional

CURRENT MEDICATIONS:	DOSAGE	PRE - OPERATIVE INSTRUCTIONS:
		1. DVT Prophylaxis
		2. NBM from :
		3. Informed Consent Standard / High Risk
		Name & Signature :.....
		Date & Time :.....

PRE INDUCTION ASSESSMENT:

H.R.:..... B.P. :..... SpO2 :..... R.R.:..... Last Feed
:.....

Name & Signature of Anesthetist:.....Date & Time
:.....