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PRE-OPERATIVE BASELINE RISK SCREEN & ACTIONS - Preadmission Clinic

Regional Surgical Program

ORPO105002C REV: Jan 2017

PAC Triage RN: _____ PAC Verified RN: _____
Date & Time: _____ Date & Time: _____
☐ EMR ☐ Pt Questionnaire ☐ T-PAC ☐ In Person

AC = Anaesth Consult	**NN = Nurses Notes**	**PT = Physio Therapist**	**SC = Slate Comment**	**> greater than**
AR = Anaesth Review	**OT= Occupational Therapist**	**RN = RN visit**	**Sx = Notify Surgeon**	**< less than**

Risk Screen	**Action**
Allergies/Reactions _____ _____ _____ Latex sensitivity Screen: ☐ Positive ☐ Negative Date tested: _____ Dr. _____	☐ See NN for additional allergies/information
Previous surgeries: Where/When _____ _____ _____	☐ See NN for additional information
Pulse:____ /min (Reg/Irreg) O_2 Sat: ____ (R/A or ____ L/min) Resp: _____ BP: _____ (lt arm/rt arm) ☐ Sitting ☐ Lying Reported Ht:_____ cm Wt:_____ kg BMI _____ Actual Ht: _____ cm Wt:_____ kg BMI _____ ☐ 30-39 **AR** ☐ > 40 **AC SC** **Comment:**	Report requested: ☐ Hgb A1C if BMI > 30 or diabetic ☐ Hgb A1C, result avail

☐ **ANAESTHETIC CONCERNS** ☐ No abnormality reported	
☐ Familial hx of adverse reactions to anesthetics. Specify:	AC
☐ Malignant hyperthermia ☐ MH suspect ☐ Pseudocholinesterase	AC
☐ Hx of difficulty or excessively slow to awaken after surgery causing prolonged stay	AC
☐ Hx of combative or aggressive behaviour when awaking after anaesthetic	SC
☐ Difficult intubation or airway maintenance	AC
☐ Neck/Back pain or deformity that limits ROM/positioning	AR
☐ Facial/neck anomalies e.g. Downs syndrome/severely recessed chin/large neck	AC
☐ Difficulty swallowing/chewing that affects airway management	AC
☐ Severe/persistent hx of post op nausea, vomiting and/or motion sickness	AR
☐ Blood transfusion in past 6 mos	AR
☐ IV access concerns: specify: _____	

☐ Aggressive Behavior Alert (AVB) initiated

☐ Other: _____

Comment:

PRE-OPERATIVE BASELINE RISK SCREEN & ACTIONS - Preadmission Clinic, Cont'd

NEURO/MUSCULOSKELETAL ❑ No abnormality reported		**Action**
❑ Seizure disorder ❑ Seizure within 1 year	AR SC	Reports:
❑ Mentally challenged	RN SC	
❑ Dementia	RN	
❑ Paraplegic ❑ Quadriplegic ❑ Hemiplegic	AC SC	❑ Neuro consult
Recent (<1 mos) ❑ Spinal cord injury ❑ Multi trauma ❑ Hip/pelvis/leg fract	AC	Other: _____
❑ Myasthenia Gravis ❑ Muscular dystrophy ❑ Multiple Sclerosis ❑ Parkinsons	AC	
❑ CVA with mobility/speech deficit	AR RN	
❑ TIA ❑ CVA **< 1 yr**	AC	
❑ TIA ❑ CVA **> 1 yr**	AR	
Comment:		

CARDIOVASCULAR ❑ No abnormality reported		**Action**
❑ Angina ❑ MI ❑ CHF ❑ CAD ❑ Orthopnea ❑ Paroxysmal Nocturnal Dyspnea	AC	Reports:
❑ Aneurysm Specify Type: _____	AC	❑ Cardiac Consult
❑ Cardiac Bypass Surgery ❑ Valve ❑ Heart Cath ❑ Angioplasty ❑ Stent ❑ **< 1 yr**	AC	❑ Cardiac Cath
❑ Cardiac Bypass Surgery ❑ Valve ❑ Heart Cath ❑ Angioplasty ❑ Stent ❑ **> 1 yr**	AR	❑ ECHO ❑ MIBI
❑ Pacemaker ❑ internal Defibrillator	AC SC	❑ Pacemaker
❑ Valve disease/rheumatic fever with murmur	AC	❑ Stress Test
❑ Hypertension: ❑ On Meds ❑ Controlled		❑ Holter Monitor
❑ Uncontrolled Hypertension	AR	
❑ High cholesterol		
❑ Treated for abnormal heart rhythm	AC	
❑ Not OK to walk 2 flights of stairs due to: ❑ Dyspnea ❑ Chest pain	AC	
❑ VTE **< 1 yr**	AC	
❑ VTE **> 1 yr** on anticoagulants	AR	
❑ On HRT or oral contraceptive with other risk factors for VTE	AR	
Comment:		

HEMATOLOGY ❑ No abnormality reported		**Action**
❑ Bleeding disorder Describe _____	AC SC SX	❑ Haematology consult
❑ Known blood group antibodies	SX	
❑ Hyper Coagulation Problems in past Describe: _____	AR SX	❑ Haematology reports
❑ Other: _____		
Comment:		

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PRE-OPERATIVE BASELINE RISK SCREEN & ACTIONS - Preadmission Clinic, Cont'd

Regional Surgical Program

RESPIRATORY/ENT ☐ No abnormality reported		**Action**
☐ Asthma with PO steroid meds/inhaler ☐ COPD ☐ Chronic Bronchitis	AC	☐ Sleep Apnea patient instruction sheet reviewed and provided Reports Requested ☐ Resp consult ☐ PFT's ☐ Sleep Studies ☐ Other _____ ☐ Quit Now info given ☐ Smoking cessation discussed with pt.
☐ Signs of active respiratory infections	AR	
☐ SOB ☐ Pneumonia in past month	AC SX	
☐ Tracheostomy: date first inserted _____ Size _____	AC	
☐ Home O_2 therapy: Comment: _____		
☐ Diagnosed with Sleep Apnea; compliant with treatment ☐ CPAP at home ☐ Mouth Appliance	AC SC RN	
☐ Diagnosed with Sleep Apnea: ☐ non compliant with treatment ☐ untreated	AC SC	
☐ Non-smoker ☐ Smoking history: Date last cigarette _____ #/day _____ # of years		
Comment:		

GASTROINTESTINAL ☐ No abnormality reported		**Action**
Malnutrition score: unintended weight loss/_____ months Weight loss 1-5 kg = **1**, decrease in appetite/intake = **1**, 6-10 kg= 2, >11 kg = **3**, > 15 kg = **4** **Refer if score 2 or higher** Unsure = **2**	Dietician	Reports ☐ GI consult ☐ GI tests ☐ requires Ostomy RN consult
☐ Regular Diet ☐ Special Diet Specify: _____		
☐ Symptomatic/currently treated cirrhosis or Hepatitis type: _____ ☐ GI bleed related to Cirrhosis or Hepatitis		
☐ Symptomatic GERD ☐ Symptomatic Hiatus hernia	AR	
☐ Ostomy: Type _____ Location _____		
☐ Ascites with last 30 days	AR	
☐ Severe diarrhea ☐ Crohns ☐ Colitis	AC	
☐ Hx of Constipation. Usual BM frequency q _____ days		
Comment:		

GU/REPRODUCTION ☐ No abnormality reported		**Action**
☐ Dialysis required during admission ☐ HD ☐ PD	AC	☐ Follow up with dialysis unit location/details ☐ Referral continence advisor
☐ Renal Insufficiency (check labs for eGFR < 60)	AC	
☐ Urostomy: Type _____ ☐ Stent Location _____		
☐ Enlarged Prostate		
☐ Continence concerns Specify: _____		
Child Bearing Age: ☐ Pregnant - LMP date: _____	AC	
☐ Post Partum **< 1 mos**	SC	
☐ Breast feeding	SC	
Comment:		

INTEGUMENT ☐ No abnormality reported	
☐ Open cuts ☐ Ulcer ☐ Rash ☐ Eczema ☐ Psoriasis ☐ Other	SX
Comment:	

PRE-OPERATIVE BASELINE RISK SCREEN & ACTIONS - Preadmission Clinic, Cont'd

ENDOCRINE/DIABETES ☐ No abnormality reported	Action	
☐ HYPOthyroid ☐ HYPERthyroid		
Diabetes ☐ Type 2 no meds ☐ Type 2 with meds		
☐ Type 1 ☐ Neuropathy ☐ Uncontrolled blood sugars	AC	
Comments:		

AUTO IMMUNE ☐ No abnormality reported	Action	
☐ Rheumatoid Arthritis	AC	
☐ Other auto immune disease eg. Lupus, Sclera derma	AC	
☐ Other Specify _____		
Comments:		

CANCER ☐ No abnormality reported	Action	
Type: _____ ☐ Chemo ☐ Radiation		
☐ Current radiation/Chemo	AC	
Date of last dose (if within 6 mos) _____	AR	
Comments:		

INFECTIOUS DISEASE ☐ No abnormality reported	Action	
☐ MRSA ☐ CPE ☐ CPO	SX SC	☐ Isolation precautions required ☐ Infection Control notified for airborne or GI Precautions ☐ Surgeons office aware ☐ MRSA swabs sent ☐ MDRO swabs sent
Hepatitis ☐ A ☐ B ☐ C ☐ HIV/AIDS ☐ Active Shingles ☐ TB ☐ Active Herpes ☐ Other _____	AR SX SC	
In the past 6 months, has the patient been admitted to a hospital, residential care, group care home, correctional facility or shelter, or had renal dialysis treatment outside of FH dialysis program anywhere (within or outside Canada)? ☐ No ☐ Yes, If Yes, Reason: _____ Location: _____ Date: _____	If **Yes:** Swab for MRSA **If being admitted**	
In the past 12 months, has the patient had any health care encounter^ outside of Canada? **^Healthcare encounter = Any encounter that involves direct care in a healthcare setting (hospital admission, outpatient clinic, renal dialysis treatment, cosmetic procedure, dental treatment)** ☐ No ☐ Yes Reason: _____ Location: _____ Date: _____ **Travel to India/Pakistan/Bangladesh in the past 12 months? (does not have to have a health care encounter)** ☐ No ☐ Yes	If **Yes:** Swab for MDRO **If being admitted**	
Comments:		

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PRE-OPERATIVE BASELINE RISK SCREEN & ACTIONS - Preadmission Clinic, Cont'd

Regional Surgical Program

ANXIETY/PSYCHO/SOCIAL ☐ No abnormality reported		**Action**
☐ Needle Phobia ☐ Severe anxiety related to surgery	RN	☐ Consult Mental Health
☐ Depression ☐ Bipolar ☐ Schizophrenia ☐ Autism ☐ Anxiety	RN	
☐ ECT treatment ☐ Date:_____		
Comment:		

PAIN ☐ No abnormality reported		**Action**
Current pain level _____ /10 Location (s): _____ Duration: _____		☐ Pain management education sheet reviewed and provided.
☐ Average pain level greater than 4/10 daily, for longer than one month	AR APS	☐ Referral to APS
☐ Daily opioids ☐ Methadone usage ☐ Suboxone	AR RN	☐ Other _____
☐ Medical marijuana ☐ Other strategies: _____	AR RN	
Comment:		

CHEMICAL DEPENDENCE ☐ No abnormality reported		**Action**
CAGE: Tell me about your use of alcohol, medications/drugs _____		**Write risks/consults on care plan**
1. ☐ Yes ☐ No Have you ever felt you ought to cut down on your use of alcohol, medications or drugs?		Cage score 2 or greater (or evident concerns):
2. ☐ Yes ☐ No Have you ever felt annoyed by criticism of your use of alcohol, medications or drugs?		☐ Anesthesia notified
3. ☐ Yes ☐ No Have you ever had a drink to get your day started or to "steady your nerves"?		☐ Alcohol reduction discussed with patient
4. ☐ Yes ☐ No Have you ever felt guilty about your drinking?		☐ Cemical Dependence (CD) D Referral
Cage Score_____ /4 If inpatient	AR RN SX	☐ CD Referral declined
Date/time of last drink/drug use: _____		☐ Pre Op recreational drug cessation discussed as per site recommendations
☐ Methadone usage ☐ Suboxone	AR SX	
☐ Recreational marijuana ☐ Other _____		
Comment:		

MEDICATION MANAGEMENT ☐ No abnormality reported		**Action**
☐ More than 5 medications ☐ Med management concerns/complex meds ☐ On Methadone/suboxone	AR RN	☐ Consult pharmacy
Comment:		

PRE-OPERATIVE BASELINE RISK SCREEN & ACTIONS - Preadmission Clinic, Cont'd

VISION/HEARING/COMMUNICATION ☐ No abnormality reported		**Action**
☐ Eyeglasses ☐ Contact Lenses		
☐ Blind: ☐ Left ☐ Right ☐ Both		
☐ Glaucoma ☐ Hemansiopia ☐ Left ☐ Right		
☐ Hearing difficulty ☐ Left ☐ Right ☐ Both ears		
☐ Hearing Aids ☐ Left ☐ Right ☐ Both ears		
☐ Communication aids/methods Specify: _____		
☐ Primary Language if not English _____		
Comment:		

FUNCTIONAL ABILITY ☐ No abnormality reported ☐ N/A	**Action**
Confidence in managing at home after surgery? Circle the number. 0 1 2 3 4 5 6 7 8 9 10 Least Most Frailty scale score _____ (see Clinical Frailty scale on pg. 7)	Confidence score below 6 ☐ SW referral Frailty score above 3 ☐ SW referral
☐ History of a slip, trip or fall in past 12 mos **Comment:**	Refer: ☐ PT ☐ OT ☐ Falls clinic ☐ Falls booklet
☐ Feels sad, blue, upset or hopeless much of the time ☐ Frequent problems thinking ie confused, altered mental status or judgement **Comment:**	Refer: ☐ Seniors Clinic ☐ SW

TEACHING COMPREHENSION ☐ No abnormality reported
☐ Required assistance to participate in interview. Specify: _____
☐ Standard pre-op teaching completed
☐ Specialized teaching ☐ see NN
Comment:

DISCHARGE PLANNING ☐ No concerns reported		**Action**
☐ Private residence: ☐ lives alone ☐ support person in home surgery x 24 hrs _____		
Name of support person: _____ Relationship: _____ Phone: _____		
Key contact if different from above Name: _____ Phone: _____		
☐ Patient unable to arrange home support	RN SW	
Facility supports in place ☐ 24 hr support person ☐ personal care ☐ meals ☐ PT		
Person picking patient up from hospital on discharge ☐ same as above or Name _____ Phone _____		
☐ Financial barriers affecting housing, nutrition and medications	SW	
☐ Concerns about coping after surgery: ☐ NN	RN SW	
☐ Provides care for someone at home, no supports available	SW	
☐ Poor self reported care	RN	