



## CARDIOTHORACIC SURGERY

# INITIAL DOCTOR'S ASSESSMENT

Patient Name :

MRN :

Sex :

Age :

NRIC :

Episode No :

**Presenting Complaint :****History of Present Complaint :****Angina Status :**

- ☐ CSS 0 (Asymptomatic)  
☐ CSS 1  
☐ CSS 2  
☐ CSS 3  
☐ CSS 4

**Dyspnea Status :**

- ☐ NYHA I  
☐ NYHA II  
☐ NYHA III  
☐ NYHA IV

**Orthopnea :**

- ☐ No ☐ Yes

**Paroxysmal Nocturnal Dyspnea :**

- ☐ No ☐ Yes

**Others Symptoms :**

- ☐ None ☐ Short of Breath ☐ Chest Pain  
☐ Fatigue ☐ Palpitation ☐ Fever  
☐ Cough ☐ Hemoptysis ☐ Loss of Appetite  
☐ Loss of Weight ☐ Loss of Consciousness Others \_\_\_\_\_

**Symptom status in the last month :**

- ☐ Stable ☐ Unstable / Recent Deterioration

**Recent MI :**

- ☐ No ☐ < 6 hours ☐ 6-24 hours

**Past Medical History :**

- ☐ None

**Previous MI :**

- ☐ 1-7 days ☐ 8-21 days ☐ 22-90 days ☐ > 90 days

**Previous Cardiology**

- ☐ No PCI

**Intervention (PCI) :**

- ☐ PCI < 24 hours before surgery  
☐ PCI < 24 hours before surgery , same admission  
☐ PCI < 24 hours before surgery , previous admission

**Cerebrovascular**

- ☐ No ☐ CVA with full recovery  
☐ TIA or RIND ☐ CVA with residual deficit

**Disease :****Respiratory :**

- ☐ No ☐ Asthma  
☐ COPD / Emphysema ☐ Pulmonary TB

**Gastroenterology :**

- ☐ No ☐ Peptic Ulcer Disease ☐ Long term use of steroids for pulmonary disease  
☐ Gastritis ☐ Ischemic Bowel Disease Others : \_\_\_\_\_

**Risk Factors :**

- ☐ None ☐ Diabetes  
☐ Hypertension ☐ Hypercholesterolemia  
☐ Alcohol Consumption

**Smoking History :**

- ☐ Never  
☐ Ex-Smoker  
☐ Current Smoker

**Past Surgical History :**

- ☐ None ☐ Other Cardiac ☐ Carotid Endarterectomy  
☐ CABG ☐ Thoracic Surgery ☐ Peripheral Vascular Surgery  
☐ Valve ☐ Descending / Abdominal Aortic Surgery ☐ Others \_\_\_\_\_  
☐ Congenital Cardiac Surgery ☐ Ascending / Aortic Arch Surgery

**Family / Social History :****Working :**

- ☐ No ☐ Yes

**Marital Status :**

- ☐ Single ☐ Divorced  
☐ Married ☐ Widower

**Allergies :**

- ☐ None  
☐ Yes (Please Specify) \_\_\_\_\_



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**Current Medications :****Medication Plan :**

- ☐ Continue patient's normal medication  
☐ Discontinue antiplatelet and / or warfarin per order (at least 5 days prior to surgery)  
☐ Discontinue oral hypoglycemic drugs on the day of surgery

**Psychology Assessment :**

- ☐ Normal  
☐ Anxious  
☐ Depress  
☐ Prior-psychiatric illness \_\_\_\_\_  
☐ Others : \_\_\_\_\_

**Pain Assessment :**

Pain Score : \_\_\_\_\_  
 Duration of Pain : \_\_\_\_\_  
 Site : \_\_\_\_\_

**Pain Character :**

- ☐ Cramping  
☐ Throbbing  
☐ Sharp  
☐ Heavy  
☐ Tender

**Frequency / Pattern :**

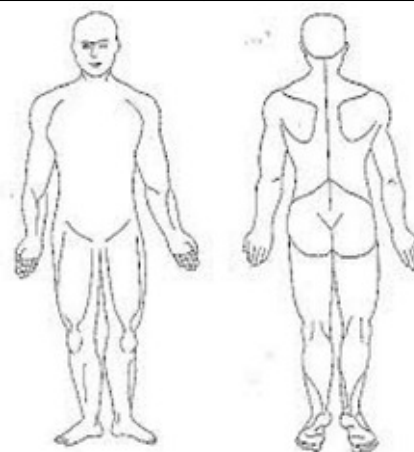
- ☐ Constant  
☐ Intermittent

**Aggravated By :**

- ☐ Movement  
☐ Position

**Relief By :**

- ☐ Medication  
☐ Non Medication

**Physical Examination :****General Status****Cardiovascular System****Abdomen****Neurological****Locomotors****Diagnosis :****Patient Problems :**



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Sex : Age :  
NRIC : Episode No :

### Investigations :

- ☐ FBC, RP, FBS, LFT, INR, Hep B, Hep C, Retroviral
- ☐ Blood Products ☐ Primary CABG / Valvular Surgery / Thoracic Surgery : GXM X 2 units RBCs
- ☐ Redo Operation : GXM 4 units RBCs ; 4 units FFP ; 4 units Platelet ; 6 units Cryoprecipitate
- ☐ Aortic Surgery : GXM 6 units RBCs ; 4 units FFP ; 4 units Platelet ; 6 units Cryoprecipitate
- ☐ Others (Specify) \_\_\_\_\_
- ☐ Chest X-Ray (valid within 3 months of surgery)
- ☐ ECG (valid within 3 months of surgery)
- ☐ 2D-ECHO (valid within 3 months of surgery)
- ☐ Lung Function Test (all thoracic cases and smokers)
- ☐ Others (Specify) \_\_\_\_\_

### Patient Care Plan (Reason For Admission) :

### Food Order (Please tick appropriately) :

- ☐ Normal Healthy Diet
- ☐ Diet for Diabetes
- ☐ Diet for Dialysis (For ESRD patient regular dialysis)
- ☐ Therapeutic Diet \_\_\_\_\_
- ☐ Fluid Restriction \_\_\_\_\_

### ☐ Patient & Family Education (PFE)

**"I have assessed patient's learning barriers and addressed them accordingly"**

- a) Educate on disease process;
- b) Discuss on treatment, care plan, and expected outcome of care with patient and/or family;
- c) Educate on procedure / intervention / surgery when obtaining informed consent (if applicable); and
- d) Educate on follow up care.

### ☐ Patient Information Materials given (If applicable)

I have involved the patient and/or family in the education and care process and they are able to verbalize their understanding.

### Completed By :

Signature :

Prepared By :

Date Printed :

Time Printed :