AT&T 3G 10:41 AM 31%

iCare - University Medical Center

Date	OR# or Location	Anes PreOp Prep ☐ None START	Anes PreOp Prep ☐ None END	Anes Time START	Procedure Time START	Procedure Time END	Out of Room	Anes Time End
MM/DD/YY		HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM

ASA: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 *

Weight # kg

	10:30	10:45	11:00	11:15	11:30	11:45	TOTALS
GASES							
Oxygen L/min	1						
N2O %	2						
Desflurane %	3						
MEDS							
Medication units	210						
FENTANYL mcg							
MIDAZOLAM mg							
PROPOFOL mg							
FLUIDS							
NSS	-						
					1	1	

Allergies/Reactions: *

200 180 160 140 120 100 80 60 40 20

Patient Safety ☐ Equipment checked ☐ Audible alarms on

Anesthesia Time Out at: HH:MM

Surgical Time-Out at: HH:MM

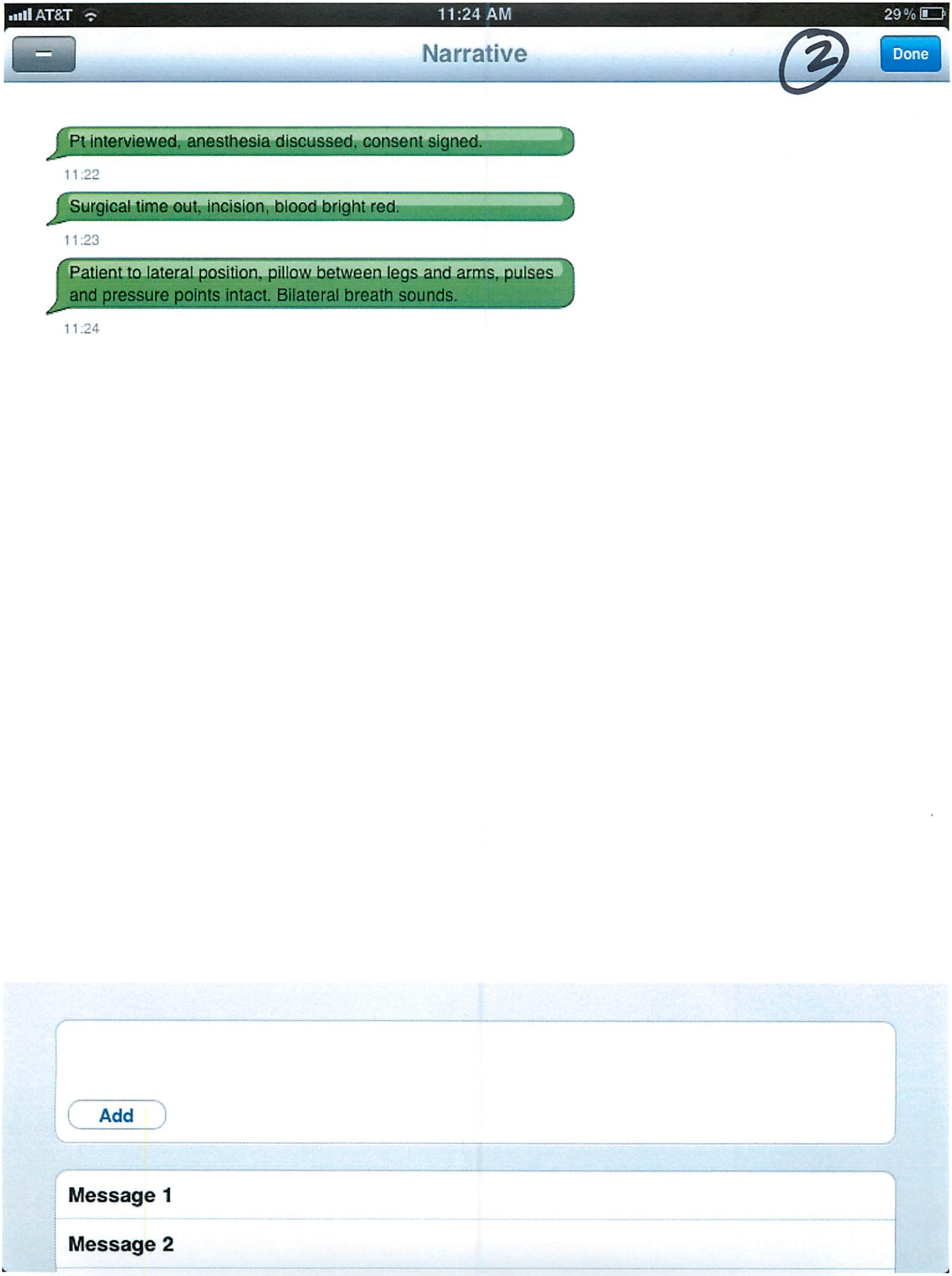
VENTS							
Mode	0						
Rate	10						
PEEP	0						
Peak Pressure	18						
Temperature	98.6 F						
Urine							
EBL							
VITALS							
O2 Sat	100						
O2 Inspired %	100						
End Tidal CO2	40						
Tidal Volume	700						

CRNA/AA Signature Date: _____ Time: _____

MD/DO Signature Date: _____ Time: _____

MR# _____

Last First


AT&T
11:24 AM
29 %
Narrative
2
Done
Pt interviewed, anesthesia discussed, consent signed.
11:22
Surgical time out, incision, blood bright red.
11:23
Patient to lateral position, pillow between legs and arms, pulses and pressure points intact. Bilateral breath sounds.
11:24
Add
Message 1
Message 2

3

Date	OR# or Location	Anes PreOp Prep ☐ None START	Anes PreOp Prep ☐ None END	Anes Time START	Procedure Time START	Procedure Time END	Out of Room	Anes Time End
MM/DD/YY		HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM

Anes PreOp Time used to:
☐ Check consents & review chart/plan with Pt
☐ Start IV ☐ _____

Premeds given by RN in Holding Area:
☐ Midazolam____mg ☐ Ondansetron____mg
☐ _____ ☐ _____
☐ _____ ☐ _____

If Pt on Beta-Blocker:
☐ Taken in past 24 hrs
☐ Given in O.R.
☐ Contraindication:
☐ Heart rate less than 50
☐ Hypotension

IV Antibiotic Name	Dose		Start Time
		☐ mg ☐ grams	HH:MM
		☐ mg ☐ grams	HH:MM
		☐ mg ☐ grams	HH:MM

☐ Not indicated based on Pt history and/or procedure
☐ Intentionally given after incision

Patient Safety ☐ Equipment checked ☐ Audible alarms on

Anesthesia Time Out at: HH:MM (includes re-evaluation of Pt. immediately preinduction – see first set of vital signs) **Surgical Time Out at:** HH:MM

Monitoring and Equipment ☐ Precordial Steth ☐ Esophageal Steth ☐ IntraOp Forced Air Warming Device ☐ ↑ ☐ ↓
NIBP: ☐ Right ☐ Arm ☐ Left ☐ Leg every ____ min
☐ Nerve Stimulator ☐ Cell Saver ☐ Fluid Warmer
☐ Intentional Hypothermia ☐ TEE ☐ Other: _____

Invasive Lines ☐ A-line ☐ Central venous catheter ☐ PA catheter (See Procedure Note for line insertion by Anesthesia)
☐ Nasogastric Tube ☐ Orogastric Tube ☐ IVs (Size & Site): # _____ # _____ # _____

Anesthesia Type ☐ General ☐ MAC ☐ Spinal ☐ Epidural
☐ IV Regional ☐ Axillary Block ☐ Interscalene Block ☐ Other Block:
☐ Nerve block by Anesthesia for postop pain (See attached Procedure Note)

Airway

Induction	Device	Intubation	Endotracheal Tube
☐ IV	☐ Oral Airway	**Blade** ☐ Curved # ____ ☐ Straight # ____	**Size** _____ ☐ Oral ☐ Nasal ☐ Trach
☐ IM	☐ Nasal Airway	☐ Video Laryngoscopy ☐ N/A: ETT in place	☐ ETCO2 Increase ☐ BSBE
☐ Inhalation	☐ Mask	☐ Stylet ☐ Atraumatic	Secured at ____ cm ☐ Cuff up to seal
☐ Pre-O2	☐ LMA	☐ Difficult _____	☐ Double Lumen ETT Size _____ ☐ Lt ☐ Rt
☐ Rapid sequence	Size _____	☐ Blind ☐ Awake ☐ Fiberoptic	☐ Bronch Blocker ☐ Isolation Check

Spinal Anesth **Position:** ☐ Sit ☐ Rt Lat ☐ Lt Lat ☐ **Aseptic Technique:** ☐ Betadine ☐ Alcohol ☐ DuraPrep
Interspace: _____ ☐ Local infiltration **Spi Needle:** ____ g ☐ Pencil Point ☐ Other: _____ # of attempts: ____
Paresthesia: ☐ None ☐ Location: _____ **Med:** ☐ Bupivacaine 0.75% ____ mL
CSF: ☐ Clear ☐ Cloudy ☐ Bloody ☐ _____ Fentanyl ____ mcg Duramorph 0.____ mg

Position **Eyes:** ☐ Taped Shut ☐ Lubricated ☐ Shield ☐ Head / Neck neutral ☐ Axillary roll ☐ Pressure points protected
Extremities: ☐ Arm(s) & elbow(s) on padded armboard at less than 90° with palm: ☐ up ☐ down ☐ Arm(s) tucked neutral position

Emergence ☐ Adequate NIF, TV, SaO2, head lift ☐ Suctioned/Extubated ☐ Intubated ☐ Direct to ICU ☐ O2 for transport
Name of Responsible MD/DO at Emergence: PRINT LAST NAME

Post-Procedure General Condition: ☐ Stable ☐ Dentition Intact ☐ Other: _____
BP: ____ / ____ HR: ____ RR: ____ TEMP: ____.____ SpO2 ____ %

Post-Op Diagnosis:

Procedure:

Personnel
Surgeon(s): PRINT LAST NAME(S)
Anesthesiologist(s): PRINT LAST NAME(S)
CRNA(s) / AA(s): PRINT LAST NAME(S)

Remarks:

IN (mL)			OUT (mL)
Crystalloid:		FFP:	
Albumin:	PRBCs:	PLTs:	EBL:
Hetastarch:	Cell Saver:	Cryo:	Urine:

Post-Anesthesia Evaluation:
BP: _____ HR: _____ RR: _____ Temp: _____ SpO2: _____%
Mental Status: ☐ Arousable ☐ Awake ☐ See Notes
Cardiac / Resp / Airway Status: ☐ Stable ☐ See Notes
Complications: ☐ None ☐ See Notes
(e.g. excessive pain, nausea/vomiting, inadequate/excess hydration)

Signature MM/DD/YY HH:MM

ANESTHESIA RECORD
ANES
FORM # REV DATE: 03/11
Page 1 of ____

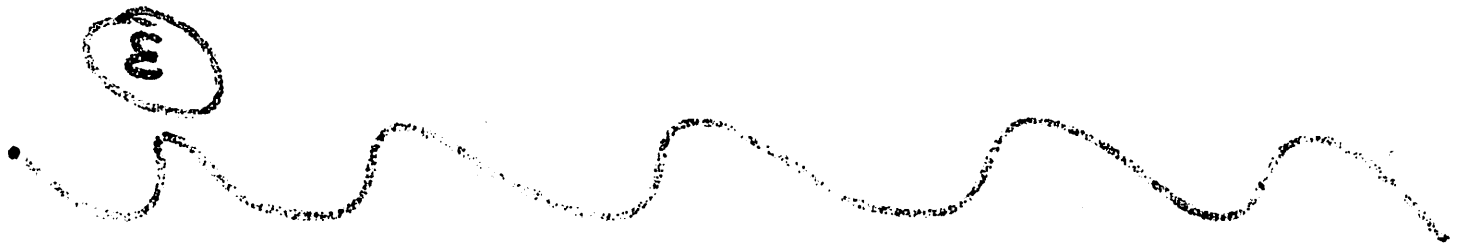
- Intra-op Compliance (Standard of Care)
- PQRS
- Joint Commission
- Billing
- CMS

Prepared by: Kelly Lane

Last First

Patient Label

CARE WritEHR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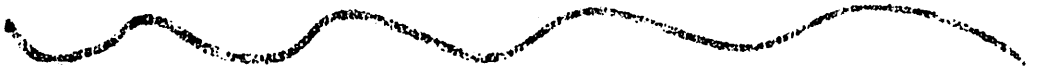

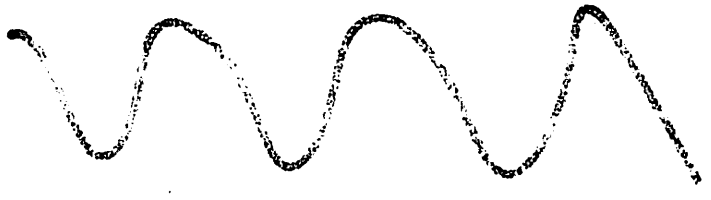

PRE OPERATIVE

4

PreOp Date: MM / DD / YY	PreOp Time: HH : MM	Age # Y M D	Height # cm ☐ inches	Weight # kg ☐ grams

Planned Procedure:

Meds/Supplements: (* if taken day of proc.) **Beta-Blocker?** ☐ No ☐ Yes

Allergies/Reactions: No Known Allergies ☐

Past Surgical Procedures: None ☐

Hx Anesth. Problems: ☐ None ☐ Yes-Patient ☐ Yes-Family

Physical Examination
Heart: ☐ Regular Rhythm ☐ Other:
Lungs: ☐ Clear ☐ Other:

Airway ☐ Adequate ☐ Intubated ☐ Difficult
Mallampati # Dentition: ☐ OK ☐ ↑ Risk of damage - Pt aware
☐ Caps/Crowns: ↑ ↓ ☐ Dentures: Full ↑ ↓ Partial ↑ ↓
☐ Chipped: ↑ ↓ ☐ Missing: ↑ ↓ ☐ Loose: ↑ ↓

Data ☐ Labs N/A ☐ Medical Eval reviewed
H/H: ___/___ PLT: ___ K: ___ PT/INR/PTT: ___
Preg test: ☐ Neg ☐ Pos Glucose: ___ at ___(time)
EKG: ☐ Normal or:
CXR: ☐ Normal or:
Other:

☐ Cardiovascular ☐ Negative
☐ Functional capacity less than 4 mets
☐ HTN ☐ CAD
☐ Dyslipidemia ☐ MI
☐ CHF ☐ PTCA
☐ PVD ☐ Coronary stents
☐ Pacer ☐ Valvular Disease
☐ AICD ☐ Dysrhythmia

☐ Respiratory ☐ Negative **Sleep Apnea?** ☐ No ☐ Yes
☐ Home O2 ☐ COPD
☐ Recent URI ☐ Asthma ☐ CPAP
☐ Smoking: ___ ppd x ___ yrs. → Quit ___ ago

☐ Neurologic ☐ Negative
☐ Dementia ☐ CVA
☐ Neuropathy ☐ TIA
☐ Back Pain ☐ Altered Mental Status
☐ Neck Pain ☐ Seizures

☐ Endocrine ☐ Negative
☐ Diabetes Thyroid: ☐ Hyper ☐ Hypo

☐ GI/Hepatic ☐ Negative
☐ GERD ☐ Hepatitis
☐ Cirrhosis ☐ Obstruction

☐ Renal ☐ Negative
☐ CRI ☐ Renal Failure: Last dialysis ___

☐ Hem/Onc ☐ Negative
☐ Anemia ☐ Coagulopathy
☐ DVT ☐ Cancer
☐ Blood refusal ☐ Chemo ☐ Radiation

☐ Immune/ID ☐ Negative
☐ Rheum Art ☐ Autoimmune Disease
☐ HIV ☐ Ongoing infection

☐ Other ☐ Negative
☐ Obesity ☐ ETOH Abuse
☐ Depression ☐ Drug Abuse
☐ Glaucoma ☐ Difficult IV access
☐ Pregnant (EGA ___ weeks)

The following plan including risks/benefits/alternatives/complications discussed with & accepted by: ☐ Patient ☐ Parent ☐ Guardian: ☐ Via Translator

☐ General ☐ Spinal ☐ Epidural ☐ Nerve Block/IV Regional
☐ MAC - Medical Necessity: ☐ Chronic cardiopulmonary disease ☐ Straight local not clinically adequate ☐ Immobility needed

☐ Arterial line ☐ Central venous cath ☐ Pulm artery cath ☐ TEE
☐ Possible postop vent ☐ Other:

☐ Postop pain management discussed: ☐ PCA ☐ Epidural ☐ Spinal Opiate Nerve Block: ☐ Single shot ☐ Continuous

ASA: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐E Preop Evaluation by: Print Last Name

Remarks:

Billing
Contractual
CMS
Pre-op Compliance (Standard of Care)
PQRS
Joint Commission

Pre-Proc. Eval (Must be completed day of procedure only):
☐ Pt re-evaluated and following changes noted: ☐ None
BP: ___ / ___ HR: ___ SpO2: ___ %
RR: ___ Temp: ___ NPO time: ___
Signature MD / DO MM / DD / YY HH : MM

Prepared by: Kelly Lane

PRE-OPERATIVE ANESTHESIA EVALUATION

ANES
FORM # REV DATE:03/11
PAGE 1 OF 1

Last First

Patient Label

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