## D. JJ Medical

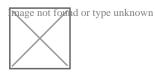
Avvaiyar Street, Near Ekkaduthangal Bus Stop, Ekkaduthangal,

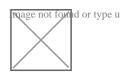
Phone No: 9854752301,

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## PRE ANESTHEIC CHECKUP





| PATIENT INFORMATION    |                                 |                 |                          |  |  |  |
|------------------------|---------------------------------|-----------------|--------------------------|--|--|--|
| Name: SUBHODH<br>SINGH | Registration No: 541253         | BP: 180/91      | Date: 22/10/2021         |  |  |  |
| Age: 25                | Hospital Name: Udai<br>Hospital | HR: <b>15</b>   | Time: 11:30am            |  |  |  |
| DOB: 17/10/1991        | Height(cm): 5.8ft               | SaO2: <b>32</b> | Proposed Operation :     |  |  |  |
| Sex :Male              | Weight (kg): 68kg               | BMI: 64.2       | Pre-Operative Diagnosis: |  |  |  |
| Pincode :110016        | ASA Physical Status: 2          | Side: Left      | Allergies :              |  |  |  |

## 445

{"id":4,"patientNo":13,"hlyy":12,"hlmm":12,"hldd":12,"stress":1,"treatment":"dsfsdf","deleted\_at":null,"created\_11-09T12:47:51.000000Z","updated\_at":"2021-11-09T12:47:51.000000Z"}

## **HTNNNNN**

| LABORATORY DATA  |                           |                    |  |             |                       |  |  |
|--|---------------------------|--------------------|--|-------------|-----------------------|--|--|
| Total Bil: 1.5   | Dir. Bil : <b>0.5</b>     | Alk Phos: 88       | SGOT: 55   | SGPT: 76    | LDH: <b>04</b>        |  |  |
| Urea: 55   | Creatine: 1.7             | Na: 5.8            | K: 5.8   | Ca: 1.9     | Mg: 2                 |  |  |
| Hb: 15   | WBC: 12000                | Platelets: 2.1     | PCV: 44  | Alb:        | Protein:              |  |  |
| APTT: <b>15</b>  | PT: <b>22</b>             | INR: 1.5           | RBS: 120   | PPBS: 120   | HbA1c: <b>6.2</b>     |  |  |
| ECG: Nsr   | HIV: -ve                  | HBS Ag: -ve        | HCV: +ve   | RTPCR: +ve  |                       |  |  |
| Other:   | Other:                    | Other:             | Other:   |             |                       |  |  |
|  | Dilated lv apical hy      | •                  | Chest X-Ray: Nodule in the upper right lobe, trachea deviated to the right |             |                       |  |  |
| Other:   |                           |                    |  |             |                       |  |  |
| CSV  |                           |                    |  |             |                       |  |  |
| HTN  |                           |                    |  |             |                       |  |  |
| How long:<br>10 years  | Stress/Angio: No          | Treatment :        | Losartan amlodepine metoprolol   |             |                       |  |  |
| Angina   |                           |                    |  |             |                       |  |  |
| Status : Taking treatment : Stable Yes Duration of treatment? : 10 |                           |                    |  |             |                       |  |  |
| What causes An stairs 2 flights                                    | gina?: Walking up         | How it stops'      | How it stops?: Rest or sorbitrate or both                                  |             |                       |  |  |
| MI   |                           | '                  |  |             |                       |  |  |
| When: 19 years   | Medical :<br>Thrombolysed | Stented:<br>Yes    | Treatment :  |             |                       |  |  |
| When: 19 years   | Stopped Antiplatel        | Antiplatelet : Yes | Antianginals<br>Yes  | Statins:    | Anticoagulant:<br>Yes |  |  |
| What Treatment   | :                         | Other:             | Other:   |             |                       |  |  |
| Symptoms<br>Improved :<br>Yes                                      | CABG: No                  | When:              | Symptoms improved:   | Both Stente | ed and CABG :         |  |  |
| Type of Graft :  |                           | Repeat CAG :       |  |             |                       |  |  |
| NYHA   |                           |                    |  |             |                       |  |  |

| NYHA Class: Class I (Mild)           |                                  |  |                           |                            |     |  |  |
|--------------------------------------|----------------------------------|--|---------------------------|----------------------------|-----|--|--|
| Pacemaker                            |                                  |  |                           |                            |     |  |  |
| Why:<br>Testttt                      | lype?: When                      |  | :                         |                            |     | Check paperwork / Card /<br>Chest xRay |  |
| RESP                                 |                                  |  |                           |                            |     |  |  |
| Asthma                               |                                  |  |                           |                            |     |  |  |
| What causes :                        |                                  |  | Treatment :               |                            |     |  |  |
| How long :                           | When did the last attack occur : |  | v<br>s it<br>t?           | URTI LRTI Present :<br>Yes |     | Advisory: Physical<br>Consult          |  |
| Smoking                              |                                  |  |                           |                            |     |  |  |
| How Many:                            |                                  |  | Wh                        | When did you stop it: Yes  |     |  |  |
| How Long:                            |                                  |  |                           |                            |     |  |  |
| Snoring                              |                                  |  |                           |                            |     |  |  |
| Stop BANG Score:  Sleep Study: Yes : |                                  |  | <b>\</b> P                | OSA: Yes                   |     | Do you fall asleep in the daytime: No  |  |
| Cough                                |                                  |  |                           |                            |     |  |  |
| How Long:                            |                                  |  |                           | What Cause: Yes            |     |  |  |
| Sputum                               |                                  |  |                           |                            |     |  |  |
| How Long:                            |                                  |  | Color: Yes                |                            |     |  |  |
| What treatment :                     |                                  |  | How Long:                 |                            |     |  |  |
| CNS                                  |                                  |  |                           |                            |     |  |  |
| Stroke                               |                                  |  |                           |                            |     |  |  |
| When:                                |                                  |  | Present status: Recovered |                            |     |  |  |
| What treatment:                      |                                  |  |                           |                            |     |  |  |
| Epilesy                              |                                  |  |                           |                            |     |  |  |
| How long: Last seizure: Me           |                                  |  | edication : Neu           |                            | Neu | Neurology consult: Yes                 |  |

| Surgery  |   |      |        |                 |   |            |  |
|--|---|------|--------|-----------------|---|------------|--|
| Brain  |   |      |        |                 |   |            |  |
| What surgery?  |   |      | Residu | Residual effect |   |            |  |
| Spinal Cord  |   |      |        |                 |   |            |  |
| What surgery?  |   |      | Residu | al effect       |   |            |  |
| Cognitive Impairr  | nent  |      |        |                 |   |            |  |
| Mini-Cog Score :   | Give the patient 3 tries to repeat th words : |      |        |                 | f subject has not finished clock drawing in 3 minutes : |            |  |
| RENAL  |   |      |        |                 |   |            |  |
| Stones   |   |      |        |                 |   |            |  |
| Surgery needed: Yo   | es  |      |        | Status :        | Presei  | nt         |  |
| What surgery:  |   |      |        |                 |   |            |  |
| Failure  |   |      |        |                 |   |            |  |
| Urea : Creatinine :  |   |      |        |                 |   |            |  |
| Hemo   |   |      |        |                 |   |            |  |
| Frequency:   |   |      |        |                 |   |            |  |
| Peritoneal   |   |      |        |                 |   |            |  |
| Frequency:   |   |      |        |                 |   |            |  |
| Fisual   |   |      |        |                 |   |            |  |
| UTI  |   |      |        |                 |   |            |  |
| When:  |   |      |        |                 |   |            |  |
| Treated :  |   | CUE: |        |                 |   | What drugs |  |
| Diabetes   |   |      |        |                 |   |            |  |
| Rx: Yes How much?: Present   |   |      |        |                 |   |            |  |
| What surgery:  |   |      |        |                 |   |            |  |
| Complications : Eyes Diet : Deit Control Sugar check at home : Yes |   |      |        |                 | check at home: Yes                                      |            |  |
| Hepatic/GE   |   |      |        |                 |   |            |  |

| Jaundice   |                            |                    |       |   |                       |  |  |
|--|----------------------------|--------------------|-------|---|-----------------------|--|--|
| When:  |                            |                    |       |   |                       |  |  |
| Cause:   |                            |                    |       | Viral status :  |                       |  |  |
| Child criteria :   |                            |                    |       | I.N.R:  |                       |  |  |
| Reflux   |                            |                    |       |   |                       |  |  |
| "Prescribe H2 / PPI / Meto   | oclopra                    | mide Warning Rapid | d Sec | quence No LMA."   |                       |  |  |
| Other  |                            |                    |       |   |                       |  |  |
| Thyroid  |                            |                    |       |   |                       |  |  |
| Hyper  |                            |                    | Wh    | What treatment :  |                       |  |  |
| Supplement/Stroid  |                            |                    |       |   |                       |  |  |
| Supplement Steroid pr  | e-op                       |                    |       |   |                       |  |  |
| Fraility   |                            |                    |       |   |                       |  |  |
| Supplement steroid :   |                            |                    | Ste   | Steroid intake in last 6 months :                                     |                       |  |  |
| Fraility score   | Fraility score             |                    |       |   |                       |  |  |
| Cognition: Other Errors  |                            |                    |       | How would you describe your health?: 'Excellent', 'Very good', 'Good' |                       |  |  |
| Functional independence : 2-4  | Social support : Sometimes |                    | Me    | Medication use: Yes   |                       |  |  |
| Nutrition: Yes   | Mood: No Continence: Yes   |                    |       |   |                       |  |  |
| Functional performance: One of :>20 s,or patient unwilling ,or requires assistance |                            |                    |       |   |                       |  |  |
| Anaesthetic  |                            |                    |       |   |                       |  |  |
| History  |                            |                    |       |   |                       |  |  |
| Past Anaesthetic History :   |                            |                    |       |   |                       |  |  |
| Physical Exam  |                            |                    |       |   |                       |  |  |
| Airway:  | MP: <b>1</b>               |                    |       | Mouth Opening :   | Mentohyoid Distance : |  |  |
| Neck   |                            |                    |       |   |                       |  |  |
| Expanded: Fixed  |                            |                    |       |   |                       |  |  |
|  |                            |                    |       |   |                       |  |  |

| Teeth                                  |                           |                              |                                |  |  |  |
|--|---------------------------|------------------------------|--------------------------------|--|--|--|
| Loose                                  |                           | Removable                    |                                |  |  |  |
| Lungs:                                 |                           | Heart:                       |                                |  |  |  |
| CNS:                                   |                           |                              |                                |  |  |  |
| Pupils                                 |                           |                              |                                |  |  |  |
| Equal                                  | Right:                    | Left:                        |                                |  |  |  |
| E:                                     | V:                        | M:                           | Other:                         |  |  |  |
| Venous access site :                   | Spine exam for regional : | Anaesthesia Plan :<br>GA-ETT | Proposed Post-op Pain relief : |  |  |  |
| Peri-op plan explained to patient: Yes | Will take blood :<br>Yes  | Pregnanat                    | Current medications :          |  |  |  |