

PRE-ANAESTHESIA RECORD

Date: dd-mm-yyyy

Blood GP: A +ve ▾		HT:	WT:	Occupation:
<div>Surgical Diagnosis:</div> <div>Proposed Surgery: <input checked="" type="radio"/> Elective <input type="radio"/> Emergency</div> <div>Alerts: <input type="checkbox"/> Allergies <input type="checkbox"/> HIV <input type="checkbox"/> HBsAg <input type="checkbox"/> HCV</div>				
Previous Anaesthesia / Surgery Events: <input checked="" type="radio"/> Yes <input type="radio"/> No (if yes, details)				
H/o Blood Transfusion: <input checked="" type="radio"/> Yes <input type="radio"/> No				
<div>Airway Assessment</div> <div><input type="checkbox"/> Mouth Opening <input type="checkbox"/> Difficult Airway</div> <div><input type="checkbox"/> Mallampatti Grade <input type="checkbox"/> Micrognathia</div> <div><input type="checkbox"/> Mentothryoid Distance <input type="checkbox"/> Edentulous</div> <div><input type="checkbox"/> Neck Movement Teeth: <input type="checkbox"/> Poor <input type="checkbox"/> Repair <input type="checkbox"/> Loose</div> <div><input checked="" type="radio"/> Full <input type="radio"/> Limited <input type="radio"/> None <input checked="" type="radio"/> Full <input type="radio"/> Limited <input type="radio"/> None</div>			<div>Any Addiction</div> <div><input type="checkbox"/> Smoking:</div> <div><input type="checkbox"/> Alcohol:</div> <div><input type="checkbox"/> Tobacco chewing:</div> <div><input type="checkbox"/> Drug Abuse:</div>	
<div>General Physical Examination: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Sick <input type="checkbox"/> Toxic <input type="checkbox"/> Drowsy <input type="checkbox"/> Unconscious</div> <div>Pulse Rate: /min Blood Pressure: / mmHg JVP: Edema: <input checked="" type="radio"/> Yes <input type="radio"/> No Temperature: °F</div> <div>Pallor: <input checked="" type="radio"/> Yes <input type="radio"/> No Cyanosis: <input checked="" type="radio"/> Yes <input type="radio"/> No Jaundice: <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Dehydration <input type="radio"/> Hypovolemic Built:</div>				
<div>Current Medications/Steroids</div>				
<div>Respiratory System</div> <div><input type="checkbox"/> Asthma <input type="checkbox"/> Recent URI</div> <div><input type="checkbox"/> COPD <input type="checkbox"/> Pneumonia</div> <div><input type="checkbox"/> Cough <input type="checkbox"/> Pleural Effusion</div> <div><input type="checkbox"/> Tuberculosis <input type="checkbox"/> Dyspnoea</div>		<div>Cardiovascular System</div> <div><input type="checkbox"/> Hypertension: <input type="checkbox"/> DOE:</div> <div><input type="checkbox"/> CAD: <input type="checkbox"/> Cardiomyopathy:</div> <div><input type="checkbox"/> Angina: <input type="checkbox"/> Vascular Disease:</div> <div>NYHA Grade: <input checked="" type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="checkbox"/> Pacemaker:</div> <div><input type="checkbox"/> CHV: <input type="checkbox"/> MET's > 4:</div> <div><input type="checkbox"/> MET's < 4:</div>		
<div>Hepato/ Gastrointestinal</div> <div><input type="checkbox"/> Jaundice</div> <div><input type="checkbox"/> Gall Bladder Diseasase</div> <div><input type="checkbox"/> Gastric Reflux</div> <div><input type="checkbox"/> Bleeding P/R</div> <div><input type="checkbox"/> Any other:</div>	<div>Renal/ Endocrine</div> <div><input type="checkbox"/> Diabetes:</div> <div><input type="checkbox"/> Thyroid:</div> <div><input type="checkbox"/> Prostate BHP</div> <div><input type="checkbox"/> Ca. Bladder</div> <div><input type="checkbox"/> Any Other:</div>	<div>Neuro/ Musculo-skeletal</div> <div><input type="checkbox"/> CVA/TIA:</div> <div><input type="checkbox"/> Paralysis:</div> <div><input type="checkbox"/> Muscle Weakness:</div> <div><input type="checkbox"/> Seizure:</div> <div><input type="checkbox"/> Spine Examination:</div>	<div><input type="checkbox"/> PIVD:</div> <div><input type="checkbox"/> Arthritis:</div> <div><input type="checkbox"/> Head Injury:</div> <div><input type="checkbox"/> Scolosis:</div> <div><input type="checkbox"/> Kyphosis:</div>	
<div>Others</div>				
<div><input type="checkbox"/> Anaemia</div> <div><input type="checkbox"/> Bleeding Disorder:</div> <div><input type="checkbox"/> Sepsis/Infection:</div> <div><input type="checkbox"/> Anaesthesia Problem:</div>	<div><input type="checkbox"/> Weight Loss/Gain</div> <div><input type="checkbox"/> Peripheral Edema</div> <div><input type="checkbox"/> Cancer:</div> <div><input type="checkbox"/> Radiation Treatment:</div>	<div><input type="checkbox"/> Sickle Cell Disease/Trait</div> <div><input type="checkbox"/> Immunosuppression:</div> <div><input type="checkbox"/> Chemotherapy:</div> <div><input type="checkbox"/> Menstrual History:</div>	<div><input type="checkbox"/> Pregnant:</div> <div><input type="checkbox"/> LMP:</div> <div><input type="checkbox"/> Family H/o:</div>	

Diagnostic Studies	Laboratory Studies	
<div><input type="checkbox"/> ECG:</div> <div><input type="checkbox"/> X-Ray Chest:</div> <div><input type="checkbox"/> Pulmonary Function Test:</div> <div><input type="checkbox"/> Special Investigation:</div> <div><input type="checkbox"/> ECHO:</div> <div><input type="checkbox"/> Stress ECHO:</div> <div><input type="checkbox"/> ABG:</div> <div>Viral Markers:</div> <div>HIV <input checked="" type="radio"/> Reactive <input type="radio"/> None-Reactive</div> <div>HBsAg <input checked="" type="radio"/> Reactive <input type="radio"/> None-Reactive</div> <div>HCV <input checked="" type="radio"/> Reactive <input type="radio"/> None-Reactive</div>	<div>Hb:</div> <div>TLC/ DLC:</div> <div>Platelet:</div> <div>Blood Sugar:</div> <div>Fasting:</div> <div>PP:</div> <div>Random:</div> <div>Blood Urea:</div> <div>S.Creatinine:</div> <div>S.Electrobytes:</div> <div>Na+:</div> <div>K+:</div> <div>Ca++:</div> <div>Mg++:</div> <div>Urine:</div> <div>Albumin:</div> <div>Sugar:</div> <div>Ketones:</div>	<div>Liver Function Test:</div> <div>S.Bilirubin:</div> <div>Direct:</div> <div>Indirect:</div> <div>SGOT:</div> <div>SGPT:</div> <div>S.ALP:</div> <div>T.Protein:</div> <div>S.Albumin:</div> <div>S.Globulin:</div> <div>Coagulation Profile:</div> <div>PT:</div> <div>INR:</div> <div>APTT:</div> <div>Thyroid:</div> <div>T3:</div> <div>T4:</div> <div>TSH:</div>
<div>Any Reference Needed:</div>		
<div>Physical Status:ASA Grades: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> E</div> <div>Patient accepted for anaesthesia: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Review PAC</div>		
<div>Planned Anaesthesia Technique:</div> <div><div><input type="checkbox"/> GA</div><div><input type="checkbox"/> Regional</div><div><input type="checkbox"/> Epidural</div><div><input type="checkbox"/> SAB</div></div> <div><div><input type="checkbox"/> CSE</div><div><input type="checkbox"/> MAC</div><div><input type="checkbox"/> Nerve Blocks</div><div><input type="checkbox"/> Any other:</div></div>		