



Name:	
Date of Surgery:	
Surgeon:	

# **Elective Admission/Surgery H&P Form**

ADMITTING DIAGNOSIS:	P Valid 30 days from comple ANESTHESIA PREFERENCE	etion : (LOCAL, GENERAL, REGIONAL)
PROPOSED OPERATION/PROCEDURE	nt's care:	
HPI:		
PAST HISTORY:		DRUG ALLERGIES:  NONE  LIST:
MEDICAL:		
SURGICAL:		
FAMILY:		
REVIEW OF SYSTEMS: N	WL Abnormal/ Comment	
General:		
HEENT:		
Neck:		
Cardiovascular:		
Pulmonary:		
GI:		
GU:		
Extremities:		
Skin:		
Neuro:		
☐ Tobacco Use:		
If yes, smoking cessation counseling  ☐ Alcohol Use: ☐ Recreational Drugs:		
☐ Pregnant ☐ Tested		

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ADMISSION MEDICATION RECONCILI	

LIST BELOW ALL OF THE PATIENTS MEDICATIONS PRIOR TO ADMISSION INCLUDING: RX, OTC, HERBAL MEDS, BLOOD DERIVATIVES, NUTRICEAUTICALS, RECENT VACCINATIONS, VITAMINS, RESPIRATORY MEDS AND TOTAL PARENTERAL NUTRITION. NEW MEDICATIONS OR MEDICATION CHANGES SHOULD BE WRITTEN ON A SEPARATE PHYSICIANS ORDER SHEET.

# DO NOT USE THE FOLLOWING ABBREVIATIONS: Ug (use 'mcg') U (use 'Unit') IU (use 'International units') QD, QOD (use 'daily' or 'every other day') **Medication Name** DOSE **ROUTE FREQUENCY** Please Print





Patient Name:					

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PHYSICAL EXAMINATION			Vital Signs					
			Ht:	Wt:	B/P:	P:	Resp:	
EXAM:	✓ NML Check if Normal	NOTE ABNORMAL FINDINGS				Pertinent Data Reviewed:		
Constitutional		General app	General appearance					Pertinent Labs:
Psych								_
Neck		□Appearan □Bruits	□Appearance □Veins □Trachea midline □Thyroid □Bruits					
Ear, nose & throat								
Eyes		☐ Pupils/So	clera		□ F	undoscop	ic exam	
Cardiovascular		-			allup □ Rul			
Respiratory		<ul><li>☐ Respirate</li><li>☐ Palpation</li></ul>	☐ Respiratory effort ☐ Auscultation ☐ Percussion☐ Palpation☐					
Gastrointestinal		☐ Tenderne	☐ Tenderness ☐ Masses ☐ Organomegaly ☐ Pulsation					Radiology:   N/A
Genitourinary		☐ Genitalia	☐ Genitalia ☐ Rectal/pelvic					
Musculoskeletal		☐ Weaknes	□ Weakness □ Atrophy □ Deformity					
Neuro								
Skin		☐ Rash ☐	□ Rash □ Wound □ Scars					
Lymph Nodes		□ Adenopathy					EKG/ECHO/OTHER:	
Extremities		□ Edema □ Pulses □ Joints						
Additional Commen	ts:							
* APRN/NP/PA comp	leting H&P consu	tation require	e MD co	-signature.				
Signature					ate		Time	
M.D. Signature				Da	ate		Time	
M.D. Print Name								





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## **EKG**

Males over 50 (these are the only routinely suggested tests)
Females over 50 (these are the only routinely suggested tests)
Any history of cardiac disease or severe hypertension
Highly invasive procedures
Diabetics over 40

#### CHEST X-RAY - RARELY INDICATED EXCEPT FOR:

- Cardio Pulmonary disease which is debilitating or with change of symptoms or exacerbation in past 6 months
- Highly invasive thoracic surgery

# PULMONARY FUNCTION TESTS - RARELY INDICATED AS ANESTHESIA SCREENING TESTS

They are indicated for major thoracic surgery

#### HEMATOCRIT, PLATELET COUNT, WBC

Indicated by patient history, i.e.; Anemia, Chemo Rx or anticipated large blood loss

#### **COAGULATION TESTS**

Only indicated for patients with a history of a bleeding disorder or for those undergoing highly invasive vascular procedure.

#### **ELECTROLYTES, BUN/CREATINE, GLUCOSE**

Indicated by patient's history. BUN may be indicated in elderly patients having invasive procedures. Chronic use of diuretics is not an indication for  $K^+$  testing in otherwise healthy, active patients.

### **NPO REQUIREMENTS**

#### **ADULT**

No solid food after midnight Clear fluids until 4 hours prior to scheduled arrival at hospital.

#### **CHILDREN OVER 1 YEAR OLD**

NPO 6 hours pre-op for solids NPO 4 hours pre-op for breast milk Offer clear fluids up to 2 hours pre-op

### **CHILDREN UNDER 1 YEAR OLD**

NPO 6 hours for solid foods NPO 4 hours for breast milk Offer clear fluids up to 2 hours pre-op

#### PRE-OP MEDICATIONS

Patient should take all routine meds for the morning of surgery except insulin and oral hypoglycemic drugs. Glucophage should be discontinued 24 hours prior to surgery.

The surgeon should give specific instructions about anticoagulants, ASA and NSAID'S.