



33333



unitedregional

PRE/POST ANESTH HISTORY & PHYSICAL

Cath Lab ENDO ED CC Med/Surg

rev 12/08 ppahp.jsn

|  |  |  |                                       |
|--|--|--|---------------------------------------|
| <b>CHIEF COMPLAINT/PRESENT ILLNESS</b>   |  | <b>POST PROCEDURE PLAN</b>                                 |                                       |
|  |  | <input type="checkbox"/> No anesthesia/sedation given      |                                       |
|  |  | <input type="checkbox"/> Recover per protocol in this area |                                       |
|  |  | <input type="checkbox"/> Recover PACU                      | <input type="checkbox"/> ICU- CCU     |
|  |  | <input type="checkbox"/> OPS Recovery                      | <input type="checkbox"/> Patient Room |
| <b>Non Contributory Past History</b>   |  | <b>POST PROCEDURE REPORT</b>                               |                                       |
|  |  | Procedural Physician                                       |                                       |
| Allergies:   |  | Assistant(s)   |                                       |
| Medications: <input type="checkbox"/> See Medication Reconciliation Sheet                          |  |  |                                       |
| <input type="checkbox"/> Long Term Anticoagulation <input type="checkbox"/> Long Term Antiplatelet |  | Pre OP Dx  |                                       |
| Illnesses:   |  |  |                                       |
| Surgeries:   |  | Post OP Dx   |                                       |
| Smoking History  |  | Procedure  |                                       |
| Family History   |  | Findings   |                                       |
| Review of System   |  | Anesthesia   |                                       |
| HEENT  |  |  |                                       |
| Cardiovascular/Resp  |  | Specimen(s)  |                                       |
| GI   |  |  |                                       |
| MS/Neuro   |  | Blood loss/Replacements                                    |                                       |
| GU   |  |  |                                       |
| Physical Exam  |  | Drains etc   |                                       |
| HEENT  |  |  |                                       |
| Chest  |  | Complications  |                                       |
| Abd.   |  |  |                                       |
| MS/Neuro   |  | <b>COMMENTS</b>  |                                       |
| GU   |  |  |                                       |
| Other  |  |  |                                       |
| <b>IMPRESSION/PLAN</b>   |  |  |                                       |
|  |  |  |                                       |
|  |  |  |                                       |
| <b>ANESTHETIC CLASS</b>  |  |  |                                       |
| <b>ANESTHESIA CLASS</b>  |  | <b>SEDATION PLAN</b>                                       |                                       |
| <input type="checkbox"/> P1- Normal Healthy Patient  | <input type="checkbox"/> See Anesthesia Record             |  |                                       |
| <input type="checkbox"/> P2- Mild Systemic Disease   | <input type="checkbox"/> Local                             |  |                                       |
| <input type="checkbox"/> P3- Moderate Systemic Disease   | <input type="checkbox"/> Local or Topical with sedation    |  |                                       |
| <input type="checkbox"/> P4- Severe Systemic Disease   | <input type="checkbox"/> Risks/Alternatives discussed w pt |  |                                       |
|  |  | Physican Signature Date Time                               |                                       |

Risk and alternatives have been explained to the patient and informed consent is obtained.

The patient's medical status HAS NOT changed since prior H&P/Attachments.

The patient's medical status HAS changed since prior H&P see attached updates.

Examining Physician Signature

Date

Time