Surgery Center of Northern Colorado LLC
3151 Precision Drive, CO 80528

*MUST BE COMPLETED PRIOR TO PRE-OP!

Admission Assessment/Anesthesia Evaluation

PLEASE FILL IN THE HIGHLIGHTED AREAS & BRING FOLDER AND ALL PAPERWORK BACK WITH YOU TO YOUR PRE-OP APPOINTMENT

NAME	DATE	AGE	SEX	DOB

PRIMARY CONTACT PHONE/NAME FOR SURGERY ARRIVAL TIME	SECONDARY/ RIDES NUMBER	HT	WT	BMI	VS

DO YOU NOW OR HAVE YOU EVER HAD?	YES
HEART DISEASE/CHEST PAIN/CHF HEART ATTACK/CARDIAC STENT	
PACEMAKER/DEFIBRILATOR	
HIGH BLOOD PRESSURE	
LUNG DISEASE/COPD	
USE OF OXYGEN	
SLEEP APNEA	
USE A CPAP/BIPAP	
TROUBLE WALKING MORE THAN A BLOCK	
TROUBLE LYING FLAT	
BLEEDING PROBLEMS	
DIABETES	
USE OZEMPIC/TRULICITY	
LIVER DISEASE/HEPATITIS	
KIDNEY PROBLEMS	
HEARTBURN/REFLUX/GERD	
EPILEPSY/SEIZURES/STROKE	
CANCER REQUIRING CHEMO OR RADIATION TREATMENT	
ANY PHYSICAL LIMITATIONS/ USE A WALKER/ WHEELCHAIR/CANE	
FALSE/CAPPED/ LOOSE TEETH	
OPEN SORES	
WEAR CONTACT LENSES/ GLASSES/HEARING AIDS	
DRINK ALCOHOL AMT: ___	
CURRENT TOBACCO USE AMT: ___	
PAST TOBACCO DATE QUIT: ___	
MARIJUANA USE	
USE RECREATIONAL DRUGS	
MENTAL HEALTH ISSUES	
DIMINISHED MENTAL CAPACITY DEMENTIA/ALZHEIMER'S	
FREQUENT/REGULAR ASPIRIN USE	
ANTICOAGULANT/BLOOD THINNER	
CORTISONE/STEROIDS PAST YEAR	
RECENT COUGH OR COLD	
PREVIOUS ANESTHETICS	
ANESTHETIC COMPLICATIONS	
RELATIVES WITH SEVERE REACTIONS TO ANESTHESIA/MH	
IS THERE ANY CHANCE YOU COULD BE PREGNANT	
ARE YOU AWARE OF THE RISK OF EATING OR DRINKING THE DAY OF YOUR ANESTHESIA?	
DO YOU HAVE ANY PROBLEMS OR QUESTIONS TO DISCUSS CONCERNING ANESTHESIA?	

DO YOU HAVE ANY OF THE FOLLOWING ADVANCE DIRECTIVES?
IF SO, PLEASE PROVIDE A COPY
[ ] MEDICAL POWER OF ATTORNEY
[ ] MEDICAL ORDER SCOPE OF TREATMENT (MOST)
[ ] LIVING WILL
[ ] OTHER

PLEASE LIST OTHER ILLNESS/DISEASES

SURGERIES/ HOSPITALIZATIONS

MEDICATIONS- DOSE/FREQUENCY

Bring a complete list of medications and supplements with correct dosage and frequency to your Pre-op visit

ALLERGIES/ SENSITIVITIES/ REACTIONS

ANESTHESIA EVALUATION

Planned Procedure:

Medical History:

Anesthesia History:

NPO Status:

Relevant Lab:

Airway:

Cardiovascular:

Pulmonary:

Anesthesia Assessment

ASA Class:
Potential Anesthesia Problems:

Anesthesia Care Plan

Anesthesia Type:

Induction (if GA):
Maintenance (if GA):
Post-Op Care:

[ ] Anesthesia procedure, risks, alternatives and privacy concerns have been addressed, and patient consent has been given to proceed.

[ ] Pt. is DNR. However, patient/agent understands and consents to anesthesia resuscitation procedures and medications during the perioperative period. Normal DNR resume upon discharge from PACU.

PRE-OPERATIVE ORDERS	POST-OPERATIVE ORDERS
[ ] Saline Lock [ ] IV: NS 500 ml TKO	[ ] Oxygen, discharge per Collab Pract Policy.
[ ] Finger stick blood glucose on arrival, if diabetic.	[ ] Saline Lock [ ] IV: NS 500 ml TKO
[ ] Midazolam ___mg IV Q 5min prn anxiety. Max ___mg	[ ] Ephedrine __mg IV Q 5min prn SBP <__ Max __mg Hold for HR <50
[ ] Fentanyl ____mcg IV Q 5 min prn pain. Max ___mcg	[ ] Labetalol __mg IV Q 5min prn SBP> __ Max __mg. Hold for HR <50
[ ] Famotidine ____mg IV.	[ ] Metoprolol 2.5 mg IV Q 5min prn HR >70. Max __mg. Hold for SBP < 100
[ ] Ondansetron ___mg IV.	[ ] Albuterol 2.5 mg in 3ml N.S., Neb. Q 15 min prn wheezing. Max __ doses
[ ] Scopolamine Patch 1.5 mg behind ear	[ ] Ondansetron _____mg IV or 4mg p.o. sublingual
[ ] Metoprolol 2.5 mg IV Q 5min prn HR >70. Max ___mg Hold for SBP <100	[ ] Diphenhydramine _____ mg IV or ____mg p.o.
[ ] Albuterol 2.5 mg in 3ml N.S., Neb. Q15 Min prn wheezing. Max __ doses	[ ] Finger stick blood glucose on arrival if diabetic.

Provider Signature: **Date:** **Time:**

LABEL

Patient Signature Date

I attest to the fact that the above information is current and accurate to the best of my knowledge.