RIVERSIDE SURGICAL CENTER

Patient to fill out sections 1 and 2

RAS - Pre-Anesthesia Evaluation

Section 1

Date of Procedure: _____

Proposed Procedure: _____

Allergies: ☐ NKDA ☐ EGGS ☐ NUTS ☐ SOY

_____

_____

_____

Previous Anesthesia & Complications:

☐ None ☐ Malignant-Hyperthermia: (+) (-) _____

☐ Family History: (+) (-) _____

☐ Nausea and Vomiting: (+) (-) _____

☐ Other: _____

Section 2

Respiratory: (No Problems ☐)

☐ COPD ☐ Pneumonia
☐ TB ☐ Abnormal X-Ray
☐ Infection ☐ Sleep Apnea
☐ Bronchitis ☐ Asthma
☐ Smoker ☐ Pulmonary Embolus

If yes, _____packs / day for _____years

Cardiovascular: (No Problems ☐)

☐ Angina / Chest Pain
☐ Heart Failure
☐ Coronary Artery Disease
☐ Heart Attack
☐ Hypertension
☐ Surgery or Angioplasty when: _____
☐ Valvular disease
☐ Vascular Disease
☐ Blood Clots
☐ Arrhythmias
☐ Murmurs
☐ Pacemaker

Gastrointestinal (No Problems ☐)

☐ Reflux ☐ Cirrhosis
☐ Hiatal Hernia ☐ Crohn's
☐ Hepatitis ☐ Ulcerative Colitis
☐ Jaundice ☐ Alcohol Consumption
☐ Liver disease Amount per week: _____
☐ GI Bleeding ☐ Polyps
☐ UlcersPUD ☐ Diverticulitis

Renal and Endocrine: (No Problems ☐)

☐ Kidney disease
☐ Diabetes (Normal Blood Sugar: _____)
☐ Thyroid disease
☐ Dialysis: When:

Other: (WNL ☐)

☐ Anemia ☐ Leukemia
☐ Sickle Cell trait ☐ Obesity
☐ Coagulation or bleeding disorders
☐ Cancer ☐ Easy Bruising
☐ Chemo / radiation: ☐ Hemophilia
When: _____ ☐ Blood Transfusion
☐ Hypercholesterolemia ☐ HIV

Neuro / Musculoskeletal: (WNL ☐)

☐ Stroke ☐ Alzheimer's
☐ Mini-Stroke ☐ Anxiety
☐ Dizziness ☐ Depression
☐ Seizures ☐ Spinal Cord injury
☐ Migraines
☐ Arthritis
☐ Muscle weakness disease / paralysis

Anything Else? _____

All current medications: _____

Section 3

Center Medical Staff Only Below This Line

• Pregnancy test: (+) (-) • Signed Waiver ( ) • N/A ( ) • Post Hysterectomy ( ) • Post-Menopausal ( )

• PE (Day of Surgery): VS: BP: _____ P: _____ R: _____ O2Sat: _____ Temp: _____

☐ Male / ☐ Female • Age: _____ • Height: _____ • Weight : _____

Gen / psycho-social: _____ Airway: _____ CV: _____ Lungs: _____

• Plan: ☐ Deep Sedation / General ☐ MAC ☐ Other: _____

Patient acceptable for anesthesia: ☐ Yes ☐ No

(If no, see Progress Notes for Explanation)

ASA PS: I II III IV

Consent: Discussed with patient / responsible adult who agrees and understands: ☐ Yes ☐ No

• Planning Anesthesia / Special Monitors: _____ Pre-anesthesia meds ordered: _____

Date: _____ Time: _____ Evaluator Signature (Anesthesiologist (CRNA) _____

Date of Re-Evaluation: _____ Time: _____ am/pm Last PO intake: _____

Anesthesiologist / CRNA: _____

ID / Visit: /

DOS:

Sex:

DOB:

Age:

Phys:

Progress Note:

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