Preoperative Assessment Form

Date of preoperative assessment:	Date of planned surgery:
11/21/2024	12/05/2024

Patient information

Full name:	Gender:	Date of birth:
Leigh Carter	Female	03/15/1982
Age:	**Address:**	**Contact information:**
42	1234 Maple Street, Arlington, VA 22201	(703) 555-0123

First point of contact

Will this person be escorting you home? ☑ Yes ☐ No

Name:	Relationship:	Contact information:
Oliver Carter	Spouse	(703) 555-0145

Attending surgeon

Name:	Designation:
Dr. James Wilson	Senior Orthopedic Surgeon
Hospital/location of surgery:	**Planned surgical procedure:**
Virginia Regional Medical Center	Left Total Knee Arthroplasty

History of present illness

Reports progressive left knee pain over past 5 years, significantly worsening in last 8 months. Conservative management including physical therapy (12 sessions), NSAIDs (discontinued due to GI symptoms), and corticosteroid injections (3 in past year with diminishing relief) has failed to provide adequate symptom control. Recent MRI shows severe tricompartmental osteoarthritis with significant medial joint space narrowing.

☑ **All relevant preoperative PMH listed below was reviewed and found to be negative unless specified below.**

Past medical history	Yes	Date	Cardiac history	Yes	Date
CKD stage __h__/dialysis	☐		Pulmonary hypertension (latest PAP _____h_____)	☐	
TIA/CVA/hemiplegia/ hemparesis/residual deficit _____h_____	☐		Congenital heart disease	☐	
DVT/PE	☐		MI ☐ Yes ☐ No ☐ <30d	☐	
Anemia	☐		PCI stent ☐ Bare ☐ Drug	☐	
Active infection/sepsis	☐		Angina ☐ Unstable ☐ Stable ☐ Severe	☐	
Asthma/COPD	☐		HTN ☐ Yes ☐ No ☑ Controlled	☑	2019
Chronic respiratory failure on home O_2	☐		CAD (History of abnormal stress test or Q waves on EKG)	☐	

Past medical history	Yes	Date
Cancer	☐	
Chronic steroids	☐	
Cirrhosis	☐	
Coagulopathy/on anticoagulation	☐	
Diabetes Insulin: ☐ Yes ☑ No	☑	Type 2, Diet-controlled
HIV/AIDS	☐	
Chronic hepatitis ☐ B ☐ C ☐ Treated	☐	
Obesity w/ hypoventilation syndrome	☑	
OSA (if yes, is the patient adherent to CPAP)	☑	2021, CPAP compliant
STOPBANG	☑	Score: 4
Others:	☐	

Cardiac history	Yes	Date
Chronic systolic/diastolic CHF ☐ Compensated ☐ Not	☐	
Cardiomyopathy	☐	
Valve disease ☐ Symptomatic ☐ Severe AS, MS, MR	☐	
Arrythmia	☐	
PM/ICD (manufacturer, indication, device settings, when last interrogated)	☐	

For female patients

Are you currently pregnant?	☐ Yes	☑ No
Is there a possibility you may be pregnant?	☐ Yes	☑ No

All patients

Do you have any other health conditions?	☐ Yes	☑ No

If yes, write here:

Social history

- ☑ ETOH/drinks per week: 2-3 glasses of wine per week
- ☑ Smoking status, # of pack/years: Quit 2018, 10 pack-years
- ☐ Other substance abuse: None
- ☑ Counseling provided?

Religious considerations?

None

Prior anesthesia complication?	☐ Yes	☑ No
History of difficult intubation:	☐ Yes	☑ No

If yes, describe:

Family history:

Father - CAD, Mother - HTN

Allergies/reaction

Penicillin - Mild rash
NSAIDs - Gastric irritation

Past surgical history

Procedure	Date	Remarks
Appendectomy	2005	No complications

Medication	Dose	Frequency	Continue?	
			Yes	No
Lisinopril	10mg	Daily	☑	☐
Metformin	500mg	Twice daily - hold 24h pre-op	☐	☑
Vitamin D	2000 IU	Daily	☑	☐
			☐	☐
			☐	☐

Review of systems

System	Symptoms	Negative	Positive
Gen	Weight loss or gain, fatigue, fever or chills, weakness, trouble sleeping	☐	☑
CVS	Chest pain, irregular heartbeat, SOB, difficulty breathing at night, swollen legs or feet	☑	☐
Resp	Chronic dry cough, coughing up blood, wheezing or night sweats	☑	☐
HEENT	Double or blurred vision, loss of hearing, nosebleeds, dentures	☑	☐
Heme	Bleeding tendency or clotting tendency	☑	☐
GI	Nausea, vomiting, diarrhea, black stools, abdominal pain	☑	☐
GU	Difficult urination, burning with urination, blood in the urine	☑	☐
Vascular	Calf pain with walking, leg cramping	☐	☑
Musculoskeletal	Muscle or joint pain, stiffness, back pain, redness of joints, swelling of joints, trauma	☐	☑
Neuro	Headache, dizziness, fainting, LOC, memory loss	☑	☐
Psych	Nervousness, stress, depression, memory loss	☑	☐
Other		☐	☐

Physical exam

Blood pressure: 128/76	**Height:** 5'6"
Heart rate: 72	**Weight:** 165 lbs
Temperature: 98.6°F	**BMI:** 26.6
Respiration rate: 16	**Oxygen saturation:** 98% RA

Physical exam

Check for normal exam, indicate abnormal findings and describe.

General	☑ Alert and oriented to person, place and time
	☑ No abnormality detected
ENT	☑ Throat clear
Neck	☑ No bruits
	☑ No jugular vein distention
CV	☑ Regular rate and rhythm
	☑ No murmurs, rubs, gallops
Lungs	☑ CTA bilatera
	☑ No wheezes or rhonchi
	☑ Normal respiratory effort
Abdomen	☑ Soft
	☑ Non-tender/non-distended
Extremities	☐ No clubbing, cyanosis, or edema
	☑ Normal pulses
Neuro	☑ Normal and equal strength
Other	Left knee: No erythema or warmth Mild swelling of left knee compared to right

Test	Date	Results
CXR		
EKG		
Echo		
Stress test		
Cardiac catheterization		
Other studies		

Surgical risk for planned procedure

Risk of planned surgical procedure
☐ Low ☑ Intermediate ☐ High

☐ **High risk cardiac conditions** (Unstable angina, decompensated CHF, significant arrhythmia, or significant valvular disease)

Cardiac risk assessment

RCRI risk score: 1
(High-risk surgical procedure, ischemic heart disease, heart failure, CVA/TIA, DM on insulin, chronic renal insufficiency)

☐ **The patient has a (☑ low / ☐ elevated) risk of a major cardiovascular event.**

If elevated, please specify patient's metabolic equivalents (METs): ☑ >4 ☐ <4 ☐ Unable to assess

Non-cardiac risk assessment

Further testing indicated:	Further consults indicated:
☐ Yes ☐ No	☐ Yes ☐ No

Overall medical risk for surgery

☑ Optimized	☐ Not optimized	☐ Optimized pending:

Chronic conditions (HTN, T2DM) well-controlled
Functional status >4 METs
RCRI score 1 indicating low cardiac risk
OSA well-managed with documented CPAP compliance
No active infections or uncontrolled medical conditions
Recent imaging confirms surgical indication
All preoperative testing within normal limits

Recommendations

Hold metformin 24 hours before surgery
Continue CPAP use
Pre-op antibiotics per protocol
Sequential compression devices
Early mobilization post-op

Practitioner name (printed):	Date:	Time:
Dr. Maria Watts	11/21/2024	11:15 AM

Practitioner signature:	Contact number:
Dr. Maria Watts	(703) 555-7896

☑ ***I have interviewed and examined the patient. I have confirmed the plan of care with the Resident/NP/PA.***

Attending signature:	Date:	Time:
Dr. James Wilson	11/21/2024	7:00 PM

Print name:

Dr. James Wilson

☑ **I have reviewed the pre-operative medical assessment and acknowledge its findings. I have discussed the alternative treatment options and the potential risks and anticipated benefits of the planned procedure with the patient and/or his/her family in light of the findings. All questions have been answered.**

Reviewed by:

Attending surgeon's name:	Signature:	Date:
Dr. James Wilson	**James Wilson**	11/21/2024