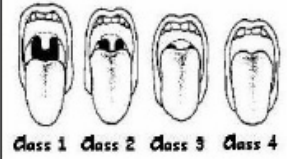
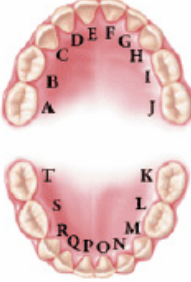


<b>Anesthesia Consultation Record</b>		<b>Patient Name:</b> Janice Sample <b>Medical Record Number:</b> 15959302 <b>Temp MRN:</b> <b>Enterprise ID:</b> <b>Case Id:</b> a23222 <b>Age:</b> 51 <b>Date of Birth:</b> 10/10/1955 <b>Sex:</b> Female
<b>I. Pre-Anesthesia Evaluation:</b>		
<b>Planned Procedure:</b> Thoracotomy  <b>History of Present Illness:</b> <hr/> <hr/> <hr/>		<b>HQS (Med):</b> 4 <b>HQS (Anesth):</b> 4 <b>Procedure Risk:</b> 5
<div style="border: 1px solid black; padding: 5px;"> <b>Allergies</b>  <b>Allergens</b>          Penicillins          Reaction: Rash/Hives       </div>		<div style="border: 1px solid black; padding: 5px;"> <b>Surgeries (Past)</b>          - Abdominal Aortic Aneurysm Repair (2004)          - Angioplasty (2005)       </div>
<b>Past Medical History:</b> H/O elevated cholesterol and/or triglycerides - treated H/O hypertension - treated - well controlled < 160/100mm Hg H/O of previous MI x 1 H/O arrhythmia - symptomatic - treated H/O asthma H/O chronic bronchitis H/O emphysema/COPD - untreated H/O TB or TB exposure - +PPD or Tine test - treated H/O sleep apnea Patient not pregnant H/O GERD  <b>Family History:</b> No output to report  <b>Social History:</b> Language: English H/O tobacco use - cigarettes - ex smoker - quit <1 year ago - 50 pack year history H/O EtOH excess  <b>Anesthesia History:</b> H/O sleep apnea H/O previous anesthesia H/O previous difficult intubation - <b>Requires Anesthesia Consult</b> H/O latex allergy  <b>Other Conditions:</b> Multiple Sclerosis		<b>Review of Systems:</b>  <b>Cardiovascular System</b> BMI: 26, normal METS = 4 Moderately decreased functional class Denies H/O chest pain with activity Denies H/O valvular heart disease Denies H/O orthopnea Denies H/O PND Denies H/O cardiomegaly Denies H/O CHF  <b>Pulmonary System</b> Denies Recent H/O of pneumonia  <b>Endocrine System</b> Denies H/O diabetes  <b>Ophthalmology</b> No output to report  <b>Neurological System</b> H/O chronic muscle weakness/wasting Denies H/O stroke Denies H/O seizure disorder Denies H/O syncope  <b>Urinary and Reproduction System</b> Patient not pregnant Denies H/O hematuria Denies H/O renal dysfunction Denies Pregnancy  <b>Gastrointestinal System</b> Denies H/O liver dysfunction Denies H/O hepatitis B or C  <b>Blood and Coagulation</b> Patient takes Coumadin, Lovenox, Plavix, Pletal, or Ticlid Daily ASA/NSAID use Denies H/O easy bleeding or bruising

<p><b>Medications</b></p> <p><u>Coumadin</u> Route: Oral</p> <p><u>Lisinopril</u> Route: Oral Dosage: 10 mg Frequency: Daily</p> <p><u>Atenolol</u> Route: Oral Dosage: 25 mg Frequency: Daily</p> <p><u>Low-Dose Aspirin</u> Route: Oral Dosage: 81 mg Frequency: Daily</p>	<p>NPO <input type="checkbox"/> Since: _____</p>
<p><b>Pre-Procedure Vital Signs</b>      <b>Ht:</b> 168 cm / 66 in.      <b>Wt:</b> 73.03 Kgs / 161 lbs.      <b>BMI:</b> 26,normal (HQS:1)</p> <p><b>BP:</b> ___      <b>HR:</b> ___      <b>Resp:</b> ___      <b>Temp:</b> ___      <b>SaO<sub>2</sub>:</b> ___</p>	
<p style="text-align: center;"><b>Physical Exam:</b></p> <p><b>Airway Evaluation:</b></p> <p><b>Hx Difficult Intubation:</b> <input type="checkbox"/></p> <p><b>Neck Mobility F.R.O.M.:</b> <input type="checkbox"/></p> <p><b>Thyromental Distance &gt; 6cm:</b> <input type="checkbox"/></p> <p><b>Mallampati Class:</b> <input type="checkbox"/> I    <input type="checkbox"/> II    <input type="checkbox"/> III    <input type="checkbox"/> IV</p> <div style="display: flex; align-items: center; justify-content: center;">  </div> <p><b>H EENT:</b> _____</p> <p><b>Neuro:</b> _____</p> <p><b>Heart:</b> _____</p> <p><b>Chest:</b> _____</p> <p><b>Other:</b> _____</p>	<p style="text-align: center;"><b>ECG, Lab, Pre-Op W/U, Etc:</b></p> <p>ECG: _____    Hgb: _____    Chemistry: _____</p> <div style="text-align: center;">  </div>
<p><b>ASA:</b> _____</p> <p><b>Anesthesia Plan:</b></p> <p>Physician Signature: _____ Time: _____ Date: _____</p>	
<p><b>II. Post Anesthesia Evaluation</b></p> <p><b>Post Op Anesthesia Note:</b></p> <p><input type="checkbox"/> No Apparent Anesthetic Complication    <input type="checkbox"/> May transfer patient from PACU with appropriate discharge criteria</p> <p>Anesthesiologist Signature: _____ Time: _____ Date: _____</p>	