

Pre Anaesthetic Evaluation

Name : _____ Age : _____ Sex : M/F _____ CR No. : _____
PAC No. _____ Date : _____

DIAGNOSTIC STUDIES

- ECG
- X-ray chest
- Pulmonary function tests
- ABG analysis :
- Blood Group
- Special investigations : ECHO/TMT/Cardiac Cath
- Hbsag / anti HCV/Anti HIV
- Others

Wider pulmonary Koch's CP angles clear. Emphysematous changes

Covid-19 (RT-PCR)

LABORATORY STUDIES

- Hemoglobin *12.8*
- TLC/DLC *7.88*
- ESR
- Platelet *2,51,000*
- Blood/Sugar
 - Fasting
 - PP
 - Random
- Blood Urea *34.8*
- Serum Creatinine *0.82*
- Serum Electrolytes
- Blood Group *B36*
- Liver Function Tests
 - Serum Bilirubin
 - Total Direct
 - Indirect
 - SGOT
 - SGPT
 - SAP
 - Serum Proteins
 - Total Direct
 - Albumin
 - Globulin
- Coagulation Profile
 - BT
 - CT
 - INR *1.13*
 - APTT/PT *11.4*
- Urine Examination :
 - Routine
 - Microscopic
 - Pregnancy

PHYSICAL STATUS : I II III IV V VI E
Patient accepted for anaesthesia Yes / No

Cross Referral : *Dr Priyanka*

- GA** - Induction - IV / Inhalational
 - Maintenance - Gas + Inhalational
 - Reversal - IV
- Regional** - Spinal
 - Epidural
 - Combined Spinal Epidural
- Block** - Brachial / Ankle / Wrist / 3 - in - 1 / Other
- MAC** - MAC
- MAC** - Mac + Sedation

Fit for GA / Regional / MAC / Sedation

Kindly review ECG, viral markers, Covid-19 (RT-PCR), FBS, & APTT reports
Infusions.

PREMEDICATIONS & INSTRUCTIONS

Nil orally after : *6 hrs prior to surgery* am/pm
Arrange blood _____ No. of Units : _____
Written informed consent / High risk consent
Repeat investigations :
Medication to be taken :

Premedication:
Tab / Syp _____ of _____ am/pm
Inj _____ of _____ am/pm

(NB : Artificial dentures, hearing aids, contact lenses, artificial jewellery, nail polish and make up to be removed)

Name of Anaesthesiologist : *Dr Narzo* Signature : _____ Designation : _____

Pre Anaesthetic Evaluation

Name: Johnan Singh Age: 64/M Sex: M/F CR No.: 26/8/21
Date: 26/8/21

History from: Patient Patient / Guardian Language Barrier
Religion: _____ Height: _____ cms / in
Occupation: _____ Weight: 48 kgs
Medical Records: _____

SURGICAL DIAGNOSIS:
Pulmonary Koch's

PROPOSED SURGERY:
Bronchoscopy & BAL
Elective / Emergency

ALERTS:

- Allergies: NKAD
- HIV / HBsAg.
-
-

PREVIOUS ANESTHESIA / SURGERY / EVENTS: Yes / Not (if yes, Details)
H/O R Kidney surgery & GA x 15 yrs back
H/O Cholecystectomy & GA x 4-5 yrs back
H/O ... & GA x ... yrs back

CURRENT MEDICATIONS (S): H/O ... & GA x ... yrs back

- HISTORY:**
- Productive cough
 - Asthma
 - Smoking / Tobacco
 - Bronchitis
 - Recent NRI
 - TB
 - Environ. Allergies
 - Dyspnea Grade
 - Hypertension
 - Angina
 - Myocardial Infraction
 - PND moderate
 - Exercise Tolerance
 - METs: >4 <4
 - Orthopnea
 - Palpitations
 - Pacemaker
 - Alcohol Intake:
 - Jaundice
 - N & V
 - Diarrhea
 - GERD
 - Arthritis
 - Back Problems
 - Headaches
 - Scoliosis / Kyphosis
 - Paresthesia
 - Musculo Skeletal Disorders
 - Seizures
 - Head Injury
 - Psychiatric Disorder
 - UTI
 - Incontinence
 - Thyroid
 - Psychological Status Anxious/Calm
 - Diabetes mellitus
 - Anemia
 - Bleeding disorder
 - Pregnant
 - Peripheral edema
 - Radiation Tx
 - Sickle Cell Dz / Trait
 - Chemotherapy
 - Family History of Anaesthesia Problem: Yes/No
 - Steroid Use
- (1) (2) pneumonia & Effusion
Pulmonary Koch's
No H/O Covid
(3) Eye Blindness

EXAMINATION FINDINGS & COMMENTS
Pulmonary Examination:
PA & LA

Cardiovascular Examination:
SI-S-II

Abdominal Examination:

Neuro-muscular Examination:

Spine Examination:

AIRWAY: MP1 Mouth Opening Inadequate Morbid obesity
 MP2 Neck ROM: Full/Limited/None Hx difficult airway
 MP3 No artificial teeth Teeth poor repair/loose Edentulous
 MP4 lower incisors Micrognathia Facial hair
 Short muscular neck
 Prominent incisors

GENERAL PHYSICAL EXAMINATION: Good / Fair / Sick / Toxic / Conscious / Drowsy / Unconscious
Pulse Rate: _____ Blood Pressure: _____ JVP NR Pallor _____ Cyanosis _____
Temperature: Absent Respiration: 16/min Pupils: _____ Edema _____

ASA Classification: _____ Consent / High Risk Consent: _____
Anticipated Difficult Intubation - Yes (No) _____ Pre-Medication: Diplo ...
Reason (if Yes): _____