



This is the new version of the OA/Spectrum anesthesia sheet

Orthopaedic Surgery Center Anesthesia Record

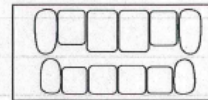
REV 3.13

Use this space for
addendums to Preop

PATIENT NAME LABEL #1 OF 4

Last PO solids _____ liquids _____

- Y N Mouth opens well
 Y N Neck ROM full
 Y N Expect no difficulty
 Y N Dentures U L
 Other: _____



- M = Missing
 L = Loose
 P = Poor
 C = Cap/Crown
 X = Chipped

Anesthesia plan discussed with patient:

- General MAC Block Other

Anesthesia consent obtained

Pre-Op ASA 1 2 3 4 5 6 E

I have reviewed the OA Centers for Orthopaedics Medical History form and have evaluated the patient immediately before induction and find that it is appropriate to proceed with the planned anesthetic.

Sig/ID/Date/Time (24h)

Pre-anesthesia Safety

- Machine # _____ / Monitor check
 Airway Equip./Drugs
 Gas Supply
 Suction

Type of Anesthesia

- General
 MAC
 Other
 Block (see Regional Block form for details)
 PostOp Pain
 Primary

Techniques

- Pre-oxy
 Rapid Seq.
 Cricoid
 Stylette

Airway

- ETT
 Natural
 LMA
 size: _____
 Mask
 Other (specify): _____

Other Airway Comments

- Mask ventilation with ease
 Good view of glottis on laryngoscopy
 Atraumatic intubation/insertion
 ETCO₂ present
 BS present bilaterally
 Teeth intact
 Eyes taped
 Y N Airway difficulty

Monitors/Equipment

- BP cuff: RA LA RL LL
 EKG
 O₂ Sat
 ETCO₂
 Steth E / P
 O₂ Analyzer
 Nerve Stimulator
 Blanket warmer
 Other (specify): _____

Temp

- Available
 Nasal
 Oral/Esoph
 Other: _____

Position

- Supine
 Beach Chair
 Lateral: L/R Up
 Prone
 Other (specify): _____

Lines

- IV
 Other: _____

Intubation

- Size _____ ID
 Secured at _____ cm
 Cuff _____ mL air
 Blade(s)
 # attempts _____

NOTES:



This is an example of a patient's pre-populated information obtained from our online medical screening process.

Orthopaedics Surgery Center Anesthesia Record

Name: _____ ACCT #: _____ Location: _____
Height: 177.80cm Weight: 103.50kg BMI: 33.00 Date of visit: 7/25/2013 Updated Date: 06/04/2013
DOB: 09/11/1954 Age: 58 Consent to retrieve medication history Provider's Name: _____

HEALTH CARE PROVIDER NAMES (Primary Care Provider, Cardiologist, Other Specialist):

(Phone number):

1: _____

2: _____

Pharmacy Name: Hannford Location: Brunswick (207)729-1604

IMMEDIATE PRE-ANESTHESIA EXAM

Otherwise healthy except as noted Surgical/Anesthesia History None

Respiratory Unremarkable

Y N Asthma

Y N COPD

Y N Smoking _____ per day
quit _____

Y N Sleep Apnea

Cardiovascular Unremarkable

Y N Hypertension

Y N Coronary Artery Disease

Y N Prior MI

Y N Valve disease

Y N Atrial Arrhythmia

Y N Ventricular Arrhythmia

Y N Congestive Heart Failure

Y N Peripheral Vascular Disease

Y N Activity Limitations

Neurological Unremarkable

Y N Cerebrovascular Disease

Y N Seizures

Systemic Unremarkable

Y N Diabetes

Y N Renal Disease

Y N Liver Disease

Y N Substance Use

Y N Gastroesophageal Reflux

Y N Trauma

Y N Obesity BMI 30 - 39

Y N Morbid Obesity BMI > 39

Y N Hx of PONV and/or

Motion Sickness

History of airway difficulty Y N

Patient anesthesia problems Y N

Family anesthesia problems Y N

Allergies

Drug: Codeine (sweating)

Food: None

Peanuts: No

Other: None

Latex Allergy: No

CT Dye/Iodine: No

Tape/Adhesives: No

Motion Sickness: No

Medications None

simvastatin 20 mg Once a day PM Cholesterol

lisinopril 40 mg Once a day AM High Blood Pressure

hydrochlorothiazide 20 mg Once a day AM High Blood

Pressure

Aleve Caplet 100 mg Twice a day AM/PM Pain

asprin 81 mg Once a day AM Blood

Thinners/Anticoagulation

vit d Once a day AM Vitamins

I evaluated the patient immediately before Induction and find that it is appropriate to proceed with the planned anesthetic.



Instructions for viewing documents in SRS

AHACKETT - SRS Hybrid EMR v7.3.124.0 - Workstation OAB8AC6FA9EB01

File Drawers View Mail Reports Tools Help

Appointments
OR 3 - 6/4/2013

Time	Name	Patient ID	Birth Date	Appointment
------	------	------------	------------	-------------

Clinical Summary

Demographic Information Consent

Problems

Description	Date
No Major Medical Problems	04/04/2013

Surgeries

Description	Date
Other - HEENT	2007

Patient Appointments

Date	Time	Doctor	Type
06/26/2013	11:00 AM	BROWN MD	FPO
06/12/2013	11:00 AM	BROWN MD	FPO
06/05/2013	09:30 AM	BROWN MD	FPO
06/04/2013	07:30 AM	OR 3	ACL
05/23/2013	09:30 AM	PRE-OP OSC	PAT
05/23/2013	08:30 AM	EMPLE PA	HP

Allergies

Description	Reaction	Notes
No Known Drug Allergies		

Rx History

Status	Date	Drug	Strength	Instructions
✓	05/23/2013	Valium	2 MG	Take 1 tablet by mouth night before procedure and morning of procedure prn anxiety
✓	05/23/2013	OxyCODONE HCl	5 MG	Take 1-2 tablet(s) by mouth every 2 hr as needed for pain
✓	05/23/2013	Scopolamine Base	1.5 MG	Apply one patch as directed for nausea - dispense 1 patch
✓	05/23/2013	Naproxen	500 MG	Take 1 tablet(s) by mouth

Pull up the patient's Desktop

Office Notes Hospital Reports Diagnostics Lab / Path Medications OA PT Center Physical Therapy Correspondence
OSC Medical History Form Clinical Photos Consents Workers Comp DME Registration Outcomes Forms

Desktop Message Ctr Scan Place Forms



To view a patient's pre-populated anesthesia information use the **OSC** tab

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Mail Status

Normal 1

Desktop | Message Ctr | Scan Place | Forms

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OSC | Medical History Form | Clinical Photos | Consents | Workers Comp | DME | Registration | Outcomes Forms





To view a pts medical history there is now a new tab labeled **Medical History Form** (This is located right next to the OSC tab)

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File Drawers View Mail Reports Tools Help

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