Pre Admission Testing: Phone Program Anesthesia Assessment



55 Fruit Street Boston, MA 02114 (617) 726-2000

Patient Details			
Last name	CLAUS	Gender	Female
First name	SANTA	DOB	MM/DD/YYYY
MR#	XXXXXXX	Age	49 Year old
Electronically Signed by:	Nurse X, RN	Signed on:	

NurseXR.N. Patient;Medical record Yes Yes	SPECIALIST 2:	SPECIALIST 3:			
Patient;Medical record Yes	;Other				
Patient;Medical record Yes	;Other				
Patient;Medical record Yes	;Other				
Patient;Medical record Yes	;Other				
Patient;Medical record Yes	;Other				
Yes	;Other				
Yes					
MM/DD/YYYY					
mastectomy with tissue	e expander insertion-bilat				
Surgeon Name					
Yes					
DO NOT take anti-inflammatories (such as ibuprofen, Motrin, Advil, Daypro, Aleve, Naprosyn, Naproxen, etc.) for 3 days prior to surgery;STOP vitamin E supplements at least 1 week before surgery;STOP all herbal supplements at least 1 week before surgery;STOP fish oil at least 1 week before surgery;DO NOT take vitamins, minerals, potassium supplements, calcium					
i re-admission medical	PTE-authission inedication list for CLAOS, SANTA XXXXXX (MGH) 49 F				
Last signed by: Nurse	X, R.N. on MM/DD/YYYY at I	HH:MM			
QD 1-2 po qd Do not take on day of s 2. Magnesium Glucor Do not take on day of s 3. Multivitamins 1 TA Do not take on day of s 4. Oxycodone 5 Mg/A Take on the morning of 5. Cholecalciferol (Vita Do not take on day of s 6. Ascorbic Acid (Vita	surgery. nate 500 MG PO TID surgery. NB PO QD surgery. Acetaminophen 325 Mg (Perce f surgery with a sip of water u tamin D3) 1000 UNITS PO (surgery. Imin C) 1000 MG PO BID	ocet 5 Mg/325 Mg) 1 TAB PO Q6H prn nless otherwise directed.			
	mastectomy with tissue Surgeon Name Yes DO NOT take anti-inflat Naproxen, etc.) for 3 disurgery;STOP all herb week before surgery;Disupplements or over the Pre-admission Medicat Last signed by: Nurse 1. Calcium Carbonate QD 1-2 po qd Do not take on day of 2. Magnesium Glucor Do not take on day of 3. Multivitamins 1 TAD on take on day of 4. Oxycodone 5 Mg/ATake on the morning of 5. Cholecalciferol (Vitabo not take on day of 6. Ascorbic Acid (Vitabo not t	mastectomy with tissue expander insertion-bilat Surgeon Name Yes DO NOT take anti-inflammatories (such as ibuprofe Naproxen, etc.) for 3 days prior to surgery;STOP vit surgery;STOP all herbal supplements at least 1 wee week before surgery;DO NOT take vitamins, mineral supplements or over the counter medicines the mor Pre-admission Medication List for CLAUS,SANTA) Last signed by: Nurse X, R.N. on MM/DD/YYYY at I 1. Calcium Carbonate 1250 Mg (500mg Elem Ca)/ QD			

MEDICAL HISTORY:

Problems Breast cancer - left Fibromyalgia

Procedures S/P Tonsillectomy S/P Tubal ligation

finished chemo 2 weeks ago will have XRT post-op

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VITAL CICNO:						
VITAL SIGNS:						
Height(feet) Height (inches)		5 feet 5 inches				
Weight (lbs)		5 inches 130 lbs				
Source						
		Patient stated				
ALLERGIES:						
No Known Allergies		No				
Latex Allergy		No				
Allergy	Reaction		Source		Reviewed	
codeine	GI upset		PEAR			
SOCIAL HISTORY:						
History of smoking		Current everyday smoker				
		would like smoking consult				
Smoking within the last month		Yes				
Smoking within the last year		Yes				
Packs per day		1 pack				
Years smoked		40				
Alcohol use Frequency of alcohol use		Yes Rare				
riequency of alcohol use		Occasional social drinker				
•						
Illicit drug use		No				
ANESTHESIA HISTORY:						
Have you have anesthesia before?		Yes 1 yr ago				
Anesthesia issues		N/A				
Has anyone in your family had problem	is related to	No				
anesthesia?						
Any family history of malignant hyperth	ermia?	No				
Any difficulty with neck range of motion	1?	WNL				
CARDIOVASCULAR:						
Cardiovascular History		No relevant cardiac history				
Comment		EKG-3 years ago in North Pole	hospital			
Hypertension		No				
Recent Cardiac work up		No				
Ongoing heart problems Can walk 5 city blocks or climb 2 flights of stairs		No Yes				
	o or stairs	165				
PULMONARY:						
Pulmonary problems		Yes PNA-02/2014				
Comment Steroids within the last 6 months for pulmonary condition		PNA-02/2014 No				
Hospitalizations or emergency visits	infloriary condition	No No				
Recent URI		No				
Sleep Apnea		No				
RENAL:						
Renal problems		No				
History of renal failure or insufficiency		No				
·		1				
HEPATIC: Hepatic problems		No				
Hepatitis		No No				
		110				
GASTROINTESTINAL:		NI-				
GI problems GERD		No No				
GERD Hiatal Hernia		No No				
Steroid use in the past six months for 0	GI condition	No No				
·		1 5				
SKIN:						
Skin problems Eczema	ms No No					
Psoriasis		No No				
		1 - 5				
MUSCULOSKELTAL:						
Comment	Musc/skel problems Yes *Chronic low back pain					
Comment		+Chronic low back pain, arthritis in shoulders				
Limitations	No					
Active, routine physical activity						
Active, routine physical activity other		activity-limited recently r/t chem-	0			

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ENDOCRINE.				
ENDOCRINE: Endocrine problems	No			
Diabetes	No			
Diabetes Insipidus	No			
Thyroid disease	No			
Thyroid disease	NO			
HEMATOLOGICAL:				
Hematological problems	No			
Anemia	No			
Blood disorder	No			
Do you have any religious traditions or customs that would	No			
restrict your ability to receive a blood transfusion?				
NEUROLOGICAL:				
Neurological problems	Yes			
Periop Seizure	No			
Neuropathy	Yes			
	tingling toes r/t chemo			
CVA	No			
PSYCHIATRIC:				
Psychiatric problems	No			
History of anxiety?	No			
History of depression?	No			
Panic attacks No				
OB/GYN:				
OB/Gyn problems	No			
Date of LMP	7.2013			
BLOOD THINNERS:				
Blood Thinners Use	No			
ANESTHESIA CONSENT:				
Full anesthesia evaluation and consent of procedure	The information documented above was sent to Anesthesia for review			
Note:	information obtained from medical record. Did not reach pt by phone			

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