

# Pre Admission Testing : Phone Program Anesthesia Assessment



**MASSACHUSETTS  
GENERAL HOSPITAL**

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

Last name	CLAUS
First name	SANTA
MR#	XXXXXXX
DOB	MM/DD/YYYY
Age	49 Year old
Gender	Female

<b>Surgeon/Procedure</b>	<b>Date of Surgery</b>
mastectomy with tissue expander insertion-bilat	MM/DD/YYYY
Surgeon name MD	

## Phone Interview

Information Source: Patient;Medical record

## Past Medical History

History obtained fom CAS notes and verified with the pt

HPI: Pt is a 49 yo female with left breast cancer scheduled for bilateral mastectomy.  
Pt finished chemo 2 weeks ago and will begin XRT post-op.

Planned procedure: mastectomy with tissue expander insertion-bilat

PMH  
Breast cancer - left  
Fibromyalgia

PSH,  
tonsillectomy 2002  
tubal ligation 1/2010

## Medication List and Reminders

Pre-admission Medication List for CLAUS,SANTA  
XXXXXXX (MGH) 49 F F

Last signed by: Nurse X, R.N. on MM/DD/YYYY at HH:MM

1. Calcium Carbonate 1250 Mg (500mg Elem Ca)/ Vit D 200 lu (Calcium 500 + D) 1 TAB PO QD  
Do not take on day of surgery.
2. Magnesium Gluconate 500 MG PO TID  
Do not take on day of surgery.
3. Multivitamins 1 TAB PO QD  
Do not take on day of surgery.
4. Oxycodone 5 Mg/Acetaminophen 325 Mg (Percocet 5 Mg/325 Mg ) 1 TAB PO Q6H prn  
Take on the morning of surgery with a sip of water unless otherwise directed.
5. Cholecalciferol (Vitamin D3 ) 1000 UNITS PO Q24H  
Do not take on day of surgery.
6. Ascorbic Acid (Vitamin C) 1000 MG PO BID  
Do not take on day of surgery.

<b>Height / Weight</b>	<b>Smoking History</b>	<b>Alcohol and Drug Use</b>
Height 63 inches	H/o 1 pk/day 40 yrs	Freq. of ETOH Rare
Weight 78.18 Kg	Smoking	
BMI: 30.5 kg/m2		

<b>Previous Anesthetic History</b>	<b>Family History / Surgical Problems</b>
Previous anesthesia Yes	Problems with Anesthesia No
Issues: Dentures	Family H/o MH? No
Comments upper and lower	
Difficulty swallowing No	
Neck Range of Motion Limited	
Comments about neck ROM limited due to right shoulder pain	
Do you have a h/o of motion sickness? Yes	

## Allergies

<b>Allergies</b>	<b>Reaction</b>	<b>Source</b>
codeine	GI upset	PEAR

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SYSTEM	HISTORY		CURRENT STATUS
<b>Cardiovascular</b>	Name of Cardiologist	Dr. X X	
	Heart Disease	No	
	Hypertension	No	
	Valve Disease	N/A	
	Pt. Reported BPS	120 mmHg	
	Pt. Reported BPD	80 mmHg	
	Have you had any recent testing for your heart?		
	Comment	no recent ECG last one noted in CAS 5/2011, cardiac U/S 7/2012 has not seen cardiologist since 2011	
	Can walk 5 city blocks or climb 2 flights of stairs	No	
<b>Pulmonary</b>	Walking Comment	after 1 FIOS gets tired able to walk flat surfaces	
	Asthma, emphysema, chronic lung disease	Inhalers	
	Asthma, emphysema, chronic lung disease Comment	used inhaler in the past with a bad cough RML pneumonia 2/2014	
	Steroids within the last 6 months	No	
	ED visits in the past year?	No	
	Recent URI (within last 2 weeks)	No	
	Sleep Apnea	No	
<b>Renal</b>	Do you have asthma?	No	
	H/o renal failure or insufficiency	No	
<b>Hepatic</b>	Do you have a history of hepatitis?	No	
	H/o Jaundice?	No	
<b>Neurological</b>	Seizures	No	
	Neuropathy	Yes	
	CVA	No	
	Level of Consciousness : Awake & Alert x3?	Yes	
	Speech clarity	Clear	
	Parkinson's disease	No	
	Neuro comment	tingling toes r/t chemo	

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<b>Gastrointestinal</b>	GERD	Yes	
	GERD-controll ed on medications and free of symptoms	Yes	
	Hiatal Hernia	No	
<b>Heme / Onc</b>	Anemia	No	
	Do you have a blood clotting disorder?	No	
	Blood Thinners use	No	
	ASA?	Yes	
	Reason for blood thinner	prophylaxis	
	Blood thinner plan	instructed to call surgeon's office regarding pre op instructions	
	Have you ever been diagnosed with cancer?	No	
<b>Endocrine/Metabolic</b>	Any religious traditions that would restrict your ability to receive blood	No	
	Patient is a diabetic	No	
	Thyroid disease	No	
<b>Musculoskeletal</b>	Have you ever had problems with your adrenal or pituitary gland?	No	
	Arthritis	Osteo	
	Do you have any joint pain?	Yes	
	Do you have any neck or back pain?	Yes	
<b>Psychiatric</b>	Musculoskelet al comments	+Chronic low back pain, arthritis in shoulders	
	H/o Anxiety?	No	
	H/o Depression?	No	
<b>Female Reproductive</b>			

## DOS Anesthesia Assessment

Vital Signs from CPC	General	Airway	Teeth	Lungs
Pulse SpO2 Respiratory Rate Temp (F) BPS-NI BPD-NI				

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Heart		Abdomen		Extremities		Spine		Regional Anes. Site	
Chest X-Ray		ECG		Other					
Na	Cl	BUN	WBC	PT					
K	CO2	Creat	Hb/HCT	PTT					
GLU	LFTS	PLTS							

Assess.

ASA

Full Stomach Precautions?  
[ Y ] [ N ]

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. .  
Plan:  
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. .

Signature(s)

Date