

ANESTHESIA PROTOCOL

SARASOTA MEMORIAL HOSPITAL

Check items in Box

LEVEL OF SURGERY _____

<ul style="list-style-type: none"> <input type="checkbox"/> CVD, CHF, cardiomyopathy, prior MI <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Cardiac medication or statin use <input type="checkbox"/> Hypertension <input type="checkbox"/> Renal disease (Dialysis) <input type="checkbox"/> Diabetes (if age ≥ 40 or if for >5 years) <input type="checkbox"/> Hx Adriamycin use (chemo therapeutic agent) <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Shortness of breath (if unrelieved, unstable or worsening call **) <input type="checkbox"/> Chest pain**, palpitations, dizziness, syncope, arrhythmia, tachycardia ** 	<ul style="list-style-type: none"> <input type="checkbox"/> PVD <input type="checkbox"/> BMI >40 <input type="checkbox"/> BMI >35 with significant morbidities <input type="checkbox"/> Unevaluated or unstable murmur <input type="checkbox"/> Hx cocaine use (and no EKG since last use) <input type="checkbox"/> Smoking ≥ 40 pack year hx (Level 2 or higher) <input type="checkbox"/> Malignancy requiring chemo tx within last year <input type="checkbox"/> Vascular surgery 	<p style="text-align: right;"><i>Check box if ordered and initial</i></p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">EKG</div> <input type="checkbox"/> _____
<ul style="list-style-type: none"> <input type="checkbox"/> Malignancy (other than skin CA) now or in the past <input type="checkbox"/> Cardiomyopathy, CHF, or worsening cardiac disease <input type="checkbox"/> Ongoing pulmonary infection (coughing colored sputum or change in sputum)** <input type="checkbox"/> Debilitating or recent symptom change in patients with asthma or COPD** 		<div style="border: 1px solid black; padding: 2px; display: inline-block;">CXR</div> <input type="checkbox"/> _____
<ul style="list-style-type: none"> <input type="checkbox"/> Digoxin, diuretics, steroids (excluding inhalers), potassium, ACE's, or ARB's <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Renal disease <input type="checkbox"/> Adrenal cortical disease <input type="checkbox"/> Pituitary or brain tumor <input type="checkbox"/> Level 4 or higher <input type="checkbox"/> BMI <19 (malnutrition) 		<div style="border: 1px solid black; padding: 2px; display: inline-block;">C7</div> <input type="checkbox"/> _____
<ul style="list-style-type: none"> <input type="checkbox"/> Liver disease 		<div style="border: 1px solid black; padding: 2px; display: inline-block;">C12</div> <input type="checkbox"/> _____
<ul style="list-style-type: none"> <input type="checkbox"/> Hematological disorder <input type="checkbox"/> Chemotherapy, radiation hx – w/in past 6 mo <input type="checkbox"/> Vascular procedure <input type="checkbox"/> Recent blood donation <4 weeks <input type="checkbox"/> Renal Dx <input type="checkbox"/> Anticoagulants <input type="checkbox"/> Bleeding disorder, Anemia <input type="checkbox"/> Level 4 or higher <input type="checkbox"/> Liver disease 		<div style="border: 1px solid black; padding: 2px; display: inline-block;">CBC</div> <input type="checkbox"/> _____
<ul style="list-style-type: none"> <input type="checkbox"/> Coumadin use – perform DOS /or if in PAT – last dose >3 days prior 		<div style="border: 1px solid black; padding: 2px; display: inline-block;">PT</div> <input type="checkbox"/> _____
<ul style="list-style-type: none"> <input type="checkbox"/> Alcohol abuse * <input type="checkbox"/> Liver disease <input type="checkbox"/> Coagulation abnormality (bleeding disorder) <input type="checkbox"/> BMI <19 and Level 4 or higher 		<div style="border: 1px solid black; padding: 2px; display: inline-block;">PT/PTT</div> <input type="checkbox"/> _____
<ul style="list-style-type: none"> <input type="checkbox"/> Blood bank clot per procedure list 		<div style="border: 1px solid black; padding: 2px; display: inline-block;">BBC</div> <input type="checkbox"/> _____
<ul style="list-style-type: none"> <input type="checkbox"/> Pregnancy test for women childbearing age (onset of menses to age 60) unless hysterectomy, menopausal documented by physician, or without menstrual period last 12 months per patient. (Within 72 hours of surgery) 		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Preg Screen</div> <input type="checkbox"/> _____
<ul style="list-style-type: none"> <input type="checkbox"/> Procedure with radiographic dye 		<div style="border: 1px solid black; padding: 2px; display: inline-block;">BUN/Cr</div> <input type="checkbox"/> _____

* consider; call ARNP @2626

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(patient sticker)