

Attending Anesthesia Attestations

Pre-Op Attestation: I have personally evaluated the patient prior to anesthetic care.

History & Review: ☐ Review and confirmation of Pre-Anesthesia record evaluation, ☐ Review and confirmation of other medical records.

Systems Examined: ☐ General Appearance, ☐ Cardiovascular, ☐ Respiratory, ☐ Neurological

Findings: ☐ No new relevant abnormalities. ☐ Significant findings are listed in the comments section.

Risks and benefits of anesthesia: ☐ Were discussed. ☐ Were NOT discussed.

The patient is in a suitable condition to proceed with my formulated anesthesia plan: ☐ General ☐ Regional ☐ MAC

The patient or responsible party accepts and has had all questions answered. Patient identity and consents verified pre-operatively.

Comments

Initials

Induction Attestation: I, attending anesthesiologist,

☐ attest that induction was not applicable in this case. ☐ was physically present and participated in the induction of anesthesia.

Initials

Procedure Attestation: I, attending anesthesiologist, attest that I served in the following capacity for the following procedures:

- ☐ Arterial Cannulation (Personally Performed)
- ☐ Arterial Cannulation (Physically present for the entire procedure)
- ☐ Central Venous Access (Personally Performed)
- ☐ Central Venous Access (Physically present for the critical portions and immediately available throughout)
- ☐ Pulmonary Artery Catheter insertion (Personally Performed)
- ☐ Pulmonary Artery Catheter Insertion (Physically present for the critical portions and immediately available throughout)
- ☐ Regional Block Placement (Personally Performed)
- ☐ Regional Block Placement (Physically present for the critical portions and immediately available throughout)
- ☐ CFS Lumbar Drain (Personally Performed)
- ☐ TEE placement only (personally performed)
- ☐ TEE placement only (physically present for the critical portions and immediately available throughout)
- ☐ TEE Diagnostic study (personally performed)

Other Procedures:

Initials

Emergency Attestation: I, attending anesthesiologist, was physically present and participated in

☐ termination of the administered anesthetic care. ☐ emergence from the administered anesthetic care.

Initials

Post OP Attestation: I, attending anesthesiologist, attest that the patient

- ☐ recovered sufficiently for transfer to PACU. ☐ is sufficiently stable for transfer to ICU for continuing monitoring and therapy.
- ☐ recovered sufficiently for transfer to other patient location. ☐ experienced intra-operative demise.
- ☐ was an organ donor, and was already declared dead.

I further attest that:

- ☐ there are no apparent complications, and orders for post anesthesia care have been written.
- ☐ the patient was managed for issues detailed in the comments.
- ☐ there was no postoperative management.

The patient

- ☐ may be discharged from PACU when protocol conditions are satisfied.
- ☐ was transferred with recommendations to the ICU team.
- ☐ may be discharged to home when protocol conditions are satisfied.
- ☐ was discharged to the mortuary.

I also attest that I was physically present for the key portions of the anesthesia case, was immediately available throughout my period of coverage, and was present in the OR and monitored the course of anesthesia administration. I authenticate the anesthesia record for my portion of the procedure.

Initials

Attending Name

Date of Service

Time

Signature

Patient Name

Med. Record #

Encounter #



U3102

Attending Anesthesia Attestations

Temperature Management Note: Active Over-Body Warming:

- ☐ USED for maintaining normothermia.
☐ NOT USED - Monitored Anesthesia care.
☐ NOT USED - Intentional Hypothermia
☐ NOT INDICATED - Peripheral Block without General Anesthesia.
☐ NOT INDICATED - Due to medical circumstances. (See comments)

Comments:

Initials

Antibiotic Note:

- ☐ Antibiotic Administered PRIOR to Incision by Anesthesia Team.
☐ FAILED to Administer. PRIOR to Incision by Anesthesia Team.
☐ NOT Administered - Antibiotic given Pre-OP (See Comments)
☐ NOT Administered - Surgeon Requested NO Antibiotic Prior to Incision.
☐ NOT Administered - Contraindicated.
☐ NOT Administered - PRIOR to Incision - Other Medical Reason (See Comments)
☐ Antibiotic NOT Ordered.

Comments:

Initials

CVC Note:

For CVC Placement all elements of maximal barrier precautions. (Sterile, Gloves, Cap, Mask, Sterile Gown, Large Sterile sheet, Hand Hygiene and 2% Chlorhexidine.

- ☐ USED
☐ NOT USED - NOT used for medical reasons. (See Comments)

Comments:

Initials

Beta-Blocker Note:

- ☐ Patient DOES NOT take beta-blocker at home.
☐ Patient took beta-blocker PRIOR to SURGERY.
☐ Administered by Anesthesia Team. (See Anesthetic Record)
☐ Contraindicated - Bradycardia
☐ Contraindicated - Hypotension
☐ Contraindicated - Other Reason. (See Comments)
☐ Unable to determine if patient took beta-blocker

PRE-SURGICAL Beta-Blocker:

Name Day of Medication ☐ Day OF Surgery ☐ Day BEFORE Surgery Time

Comments:

Initials

Attending Name

Date of Service

Time

Signature

Patient Name

Med. Record #

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U3102

Billing Information

Surgeon Name:

ASA Code

Procedure

- ☐ Sternal debridement 00550
- ☐ DHCA 00563
- ☐ Direct CABG without pump oxygenator 00566
- ☐ Direct CABG with pump oxygenator 00567
- ☐ Procured on heart pericardial sac, and great vessels; without pump oxygenator 00560
- ☐ Procedures on heart, pericardial sac, and great vessels; with pump oxygenator, for non coronary bypass procedures, or re-op coronary bypass >1month after original surgery 00562

OtherProcedure

Diagnosis:

Attending Name

Date of Service

Time

Signature

Patient Name

Med. Record #

Encounter #



U3102