Endoscopy Unit Anesthesia Pre-Op Checklist

Patient Name:		Name:	MRN	DOB//								
Pro	oced	ure:	Indica	tions:								
Medications in Epic?		ations in Epic?		O Yes O No (List Medications Below)								
			1 and 2 SCREENING AND DIAGNOSTIC PROCEDURES (EGD, COL, EUS, BRO) healthy patient II controlled medical conditions irrespective of age: no EKG, CXR, Lab data required									
		-	STIC PROCEDI	URES, or ALL THERAPEUTIC PROCEDURES:								
	ple	ase check off below.	ASA 3	Severe disease process which limits activity but is not incapacitating Severe incapacitating disease process that is a constant threat to life								
		EKG (within the past 12 months) Required for Patients with any of to Hypertension requiring: 2 medications for ther 3 or more medications Angina or myocardial infarctio History of MI, cardiac procedu Implantable devices (unless into Exercise intolerance (<2 flights History of peripheral vascular Diabetes mellitus >20 yrs dura Morbid obesity BMI>40	dures i c procedures ablation, in last 3 years thin 3 months for Pacemaker)									
		Documented sleep apneaHistory of TIA or CVA										
			-	O Yes O No O Yes O No								
		Cardiac Evaluation (within the pas	· · · · · · · · · · · · · · · · · · ·									

•	History of MI, cardiac procedures, stentings, ab	lation, with	nin 3 y	ears	S			
•	Ventricular Assist Devic3e (VAD)							
•	Pulmonary HTN not followed by Pulmonary							
•	Pacemaker (interrogated within 6 months)							
•	ICD (Interrogated within 3 months)							
•	Unstable Dysrhythmias							
•	Symptomatic Congestive heart failure (CHF)							
•	Recent EKG changes (Development of a new bu	undle branc	h bloc	k, a	nd/or changes			
	consistent with a recent MI, and/or reversible i	schemia)			-			
	Cardiac evaluation available	O	Yes	0	No			
ECHO and/or stress test available in Epic O Yes O No								
	Cardiac evaluation from cardiologist or PEC or	dered O	Yes	0	No			
	PFTs (within the past 6 months)							
Po	atients with any of the following:							
•	Advanced COPD: (e.g. Advanced COPD with home O2 and exercise intolerant)							
	PFT w/in 6 months available	O	Yes	Ο	No			
	PFT ordered	О	Yes	0	No			
□ EI Po • • • • • • • • • • • • • • • • • •	ithin the past 6 m	onths						
•	Decompensated Liver Failure (acute or chronic))						
	Labs in Epic	О	Yes	0	No			
	Labs ordered	O	Yes	Ο	No			
Physician	NamePr	ovider ID #_			Date:			