

Children's Dental World
Preoperative Assessment

Phone: (204) 272-5438

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Name: _____

Address: _____

Contact Phone: _____

Examining Physician to Complete

Physical Exam

Weight _____ (kg) Height _____ (cm) HR _____ BP _____

| | N | ABN | Explain if abnormal |
|-----------------|---|-----|---------------------|
| Airway/Neck | | | |
| CVS | | | |
| Respiratory | | | |
| Abdomen | | | |
| Neuro | | | |
| Spine | | | |
| Musculoskeletal | | | |
| Skin | | | |

Guidelines for Preoperative Testing in Children

A) Hemoglobin

1. Infants less than 1 year
2. Patients at risk for hemoglobinopathy ie: Afro-Caribbean descent, Asians, hemophiliacs, positive family history.
3. Patients with history of chronic disease Eg: Congenital heart, cystic fibrosis, Chemotherapy
4. History/physical exam suggestive of anemia such as dietary insufficiencies, fatigue, pallor, and tachycardia.

****a hemoglobin within 3 months of surgery is adequate provided there is no interim change in medical status.**

B) Sickle cell prep

All patients of Afro-Caribbean descent.

C) Other tests

The need for testing such as urinalysis, electrolytes, and chest x-rays is guided by the History & Physical exam.

D) All Hutterite children require CPK Blood test pre-operatively.

Current Lab work/Consults/Investigations/Results

Hb _____ Sickle Cell _____

Assessment/Perioperative Recommendations

Date: _____ Assessed by: _____
(Signature) (Print Name)

Contact Phone #: _____