



# PRE-OPERATIVE ASSESSMENT

(Anaesthetist to complete this page)

NAME \_\_\_\_\_

<b>PROPOSED PROCEDURE</b>	BOOKING DATE _____ AM _____ PM _____ SURGEON _____ ASSESSED BY _____ DATE _____
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**HISTORY**

Good Health Yes No \_\_\_\_\_ Good Exercise Tolerance Yes No N/A \_\_\_\_\_ Reflux Yes No \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Past Illnesses \_\_\_\_\_  
 Past Operations \_\_\_\_\_  
 Past Anaesthetics \_\_\_\_\_  
 Past Blood Transfusions \_\_\_\_\_  
 Current Medications \_\_\_\_\_  
 Current Drug Reactions \_\_\_\_\_  
 Current Investigations \_\_\_\_\_  
 Current Investigations Results \_\_\_\_\_  
 Current Investigations Comments \_\_\_\_\_  
 Current Investigations Date \_\_\_\_\_

**EXAMINATION**

AIRWAY \_\_\_\_\_

HS \_\_\_\_\_ Breath Sounds \_\_\_\_\_  
 BP \_\_\_\_\_ P \_\_\_\_\_ ASA 1 2 3 4 5 E \_\_\_\_\_

<p style="text-align: center;"><b>CURRENT MEDICATIONS</b></p> <p>NIL <input type="checkbox"/> See Over <input type="checkbox"/></p>	<p style="text-align: center;"><b>ADVERSE DRUG REACTIONS</b></p> <p>NIL <input type="checkbox"/> DETAILS _____</p>
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**INVESTIGATIONS**

PRE-OP CBC ELECT Urea Cr Gluc LFT ECG G/S X Match ..... CXR  
 ON ADMISSION CBC ELECT Urea Cr Gluc LFT ECG G/S X Match ..... CXR

<p style="text-align: center;"><b>ANAESTHETIC PLAN</b></p> <p>NBM Orders Confirmed Yes No _____</p>	<p style="text-align: center;"><b>OTHER DETAILS</b></p> <p>HDU ANTICIPATED USE Yes No _____</p>
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**PREMEDICATION ORDERS AND ADMINISTRATION DRUG RECORD**

DATE	TIME	DRUG	DOSE	ROUTE	DR SIGN	TIME GIVEN	RN SIGN