Pre-op Assessment Tool

Assessment Survey

Gender and Age

If you are Male, are you over age 50	◯ Yes	◯ No	
If you are Female, are you over age 60	◯ Yes	◯ No	

Do you have a history of:

1. COPD, Asthma (Pulmonary Diseases)	◯ Yes	◯ No	
2. Excessive Snoring (Obstructive Sleep Apnea)	◯ Yes	◯ No	
3. Heart Attack or Coronary Artery Disease (blockage of arteries)	◯ Yes	◯ No	
4. Other Heart Disease (cardiomyopathy, atrial fibrillation, pacemaker)	◯ Yes	◯ No	
5. High Cholesterol	◯ Yes	◯ No	
6. Diabetes, Hyper/Hypothyroid, Endocrine Disease	◯ Yes	◯ No	
7. Kidney Failure (Renal Disease)	◯ Yes	◯ No	
8. Liver Problems (Hepatitis)	◯ Yes	◯ No	
9. Alcohol Abuse or Illegal Drug Use	◯ Yes	◯ No	
10. Is it hard for you to breathe when climbing one flight of stairs?	◯ Yes	◯ No	
11. Is your BMI (body mass index) greater than 35?	◯ Yes	◯ No	◯ Not sure
12. Severe Heartburn (GERD, or Gastroesophageal Reflux Disease)?	◯ Yes	◯ No	
13. High Blood Pressure (Hypertension)	◯ Yes	◯ No	

12. - Continue current drug therapy through day of surgery.

13. - Continue current beta blockers. Stop ACE inhibitors and diuretics for the day of surgery.

Notes:

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Signature: ______________________________**Date:** __________

Physician: ______________________________**Date:** __________

TOTAL NUMBER OF YES ANSWERS ☐

If total is greater than three → **Refer to Pre-Op Visit**

Developed by Dr. William J. Holm with the support of CWA and in collaboration with the AWH Pre-Op Workgroup

Central Wisconsin Anesthesiology S.C.