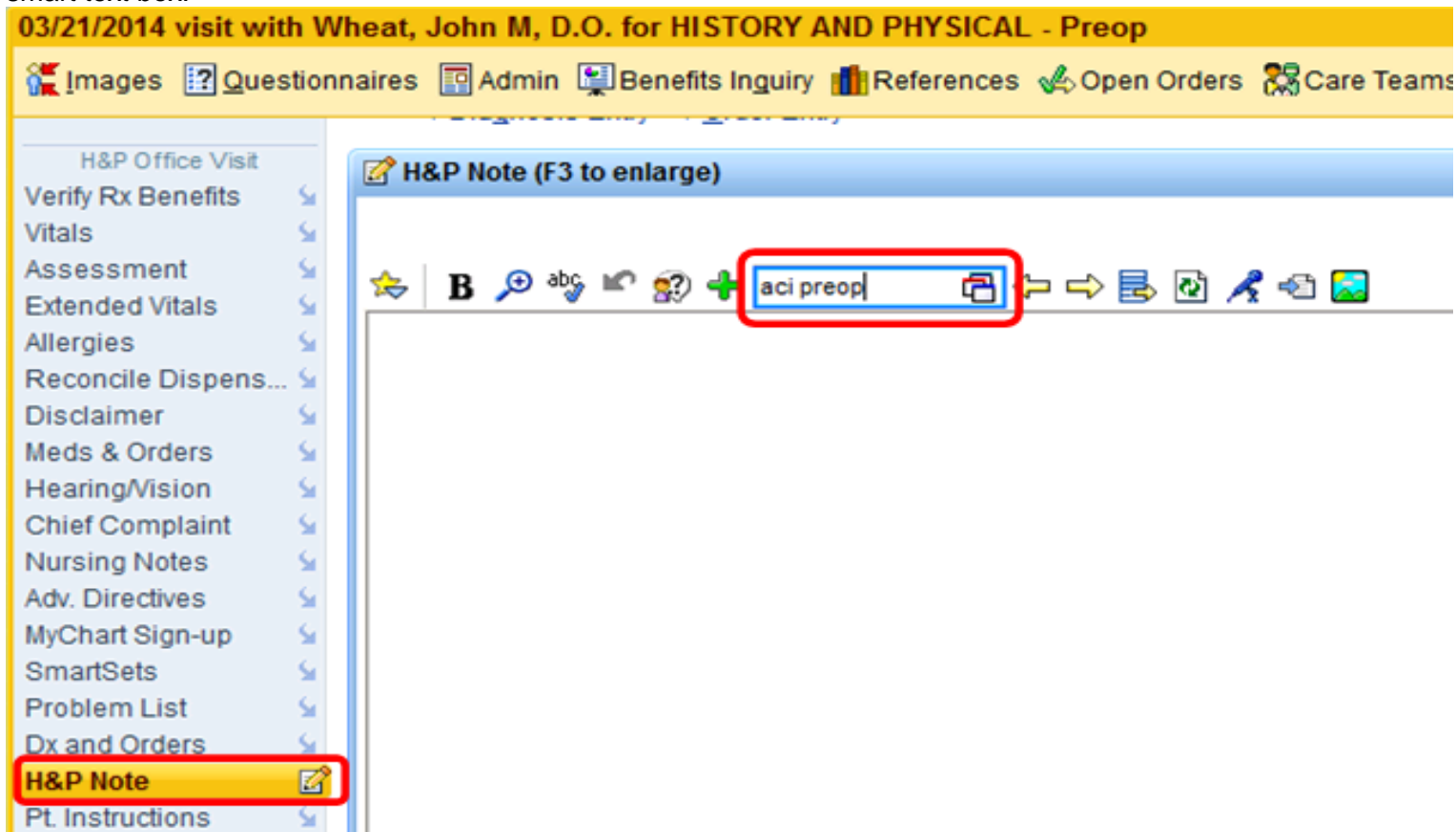


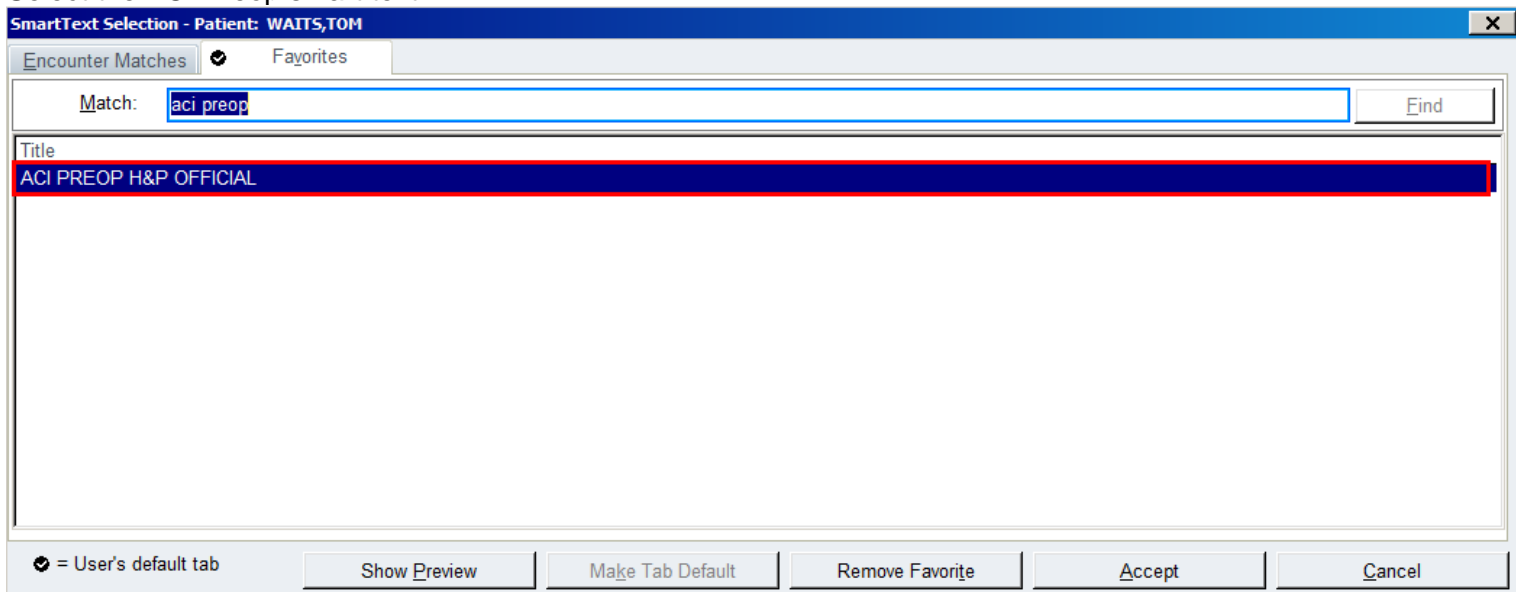
Pre-Operative History and Physical

This tip sheet will guide you through the new standardized Pre-operative process.

Nurse: After your standard rooming information is completed, open up the H&P Note and enter "ACI Preop" in the smart text box.



Select the ACI Preop smart text



Use F2 to move through until after the Pertinent Surgical ROS. Accept and Secure

Pre-Operative H&P

Reason for Visit:
Tom Waits is a 64 Y male seen today for a pre-operative evaluation.

Requesting Surgeon: {REFERRAL PHYSICIANS:250230}

Date of Operation: ***

Type of Operation: ***

Surgery Center: {Surgery Centers:250226}

Anesthesia Type Anticipated: {ACI - ANESTHESIA TYPES:23018}

History of problems with anesthesia: {No yes, explanation anesthesia:23031}

Personal or Family History of malignant hyperthermia (reaction to anesthesia that runs in families), Venous thromboembolic disease, or hemophilia.: {NO YES, EXPLANATION:15372}

Pertinent Surgical ROS:
Recent fevers, chills, change in energy level: {YES / NO (DEFAULT):15020::"No"}
Recent upper respiratory or flu-like illness: {YES / NO (DEFAULT):15020::"No"}
Skin rashes or lesions of concern: {YES / NO (DEFAULT):15020::"No"}
Recent headache, visual or hearing difficulty and/or dental problems: {YES / NO (DEFAULT):15020::"No"}
Dental appliance: {YES / NO (DEFAULT):15020::"No"}
Recent abdominal pain: {YES / NO (DEFAULT):15020::"No"}
Recent swelling of feet of ankles: {YES / NO (DEFAULT):15020::"No"}
Personal History of Liver Disease: {YES / NO (DEFAULT):15020::"No"}
Personal History of DVT/Bleeding/Clotting Disorder: {YES / NO (DEFAULT):15020::"No"}
Pre-Op History of Present Illness:

Nursing Portion

Accept Cancel

Provider: Open the "ACI Preop" smart set

SmartSets

Search

▼ Suggestions

<input type="checkbox"/> ACI - ANNUAL EXAM (MALE OR FEMALE)	<input type="checkbox"/> DIABETES (MEDICARE)
<input type="checkbox"/> ACI - DIABETES MANAGEMENT	<input type="checkbox"/> DIABETES MELLITUS TYPE 2
<input type="checkbox"/> ACI - LOW BACK PAIN	<input type="checkbox"/> FUTURE LAB
<input checked="" type="checkbox"/> ACI - PREOP	<input type="checkbox"/> Future Orders Dr. Wheat
<input type="checkbox"/> ACI - WELL CHILD	<input type="checkbox"/> HGBA1C
<input type="checkbox"/> ADC - FLD - PRE/POST-OP	<input type="checkbox"/> PHYSICAL THERAPY PRE-OPERATIVE KNEE
<input type="checkbox"/> ADC - OBGYN - NEW OB - INITIAL VISIT ORDERS	<input type="checkbox"/> PHYSICAL THERAPY PRE-OPERATIVE SHOULDER
<input type="checkbox"/> ASTP - PAULSON - INTERNAL MED	

Restore Close F9 Previous F7 Next F8

Select the "Edit" button in the patient instructions to Edit the medications you want the patient to continue, up until and including the day of surgery, and the medications to stop prior to surgery. Accept.

Sign the smart set

Opened SmartSets

Associate Primary Dx New Dx Providers Next

Pharmacy TOM'S DRUGS 715-845-9999 Remove Pend Sign

ACI - PREOP Add Order

GUIDELINES

- Medication Guidelines
- Guidelines for EKG
- ACVA Bridging Protocol

LABS

Condition specific diagnosis needed for Medicare patient coverage

LAB 0 of 6 selected

EKG

ICSI EKG Guidelines:

- Perform EKG for all patients age 65 and older within one year prior to procedure
- EKGs not indicated, regardless of age for patients having cataract surgery
- EKGs not recommended for patients undergoing other minimal risk procedures unless medical history/assessment indicate a high risk patient.

EKG

Condition specific diagnosis needed for Medicare patient coverage

EKG (CLINIC)

IMMUNIZATIONS

COMMON IMMUNIZATIONS 0 of 32 selected

IMAGING

X-RAY

XR Chest PA and Lateral

Today, Qty-1

DIAGNOSIS

DIAGNOSIS

Specific medical conditions are recommended for coverage of Medicare patients

Pre-Op Exam [V72.83] edit

REFERRAL

REFERRAL 0 of 6 selected

PATIENT INSTRUCTIONS

Guidelines on Medications

Patient Instructions (Click Edit Below to Modify)

Medication Recommendation List edit

FOLLOW UP

Click "edit" to select Medications to continue/stop

Outpatient Prescriptions Marked as Taking for the 1/27/14 encounter (H&P Office Visit) with Wheat, John M, D.O.

Medication	Sig	Dispense	Refill
• [DISCONTINUED] lisinopril (PRINIVIL) 10 MG tablet	Take 1 tablet by mouth once daily.		
• [DISCONTINUED] warfarin (COUMADIN) 5 MG tablet	Take 1 tablet by mouth at bedtime.		
• [DISCONTINUED] simvastatin (ZOCOR) 40 MG tablet	Take 1 tablet by mouth at bedtime.	30 tablet	11

Medications to take up to and including the day of surgery:

Medications to Stop prior to surgery:

NSAIDs: Hold all NSAIDS 3 days prior to surgery (Examples are Ibuprofen, Naproxen, Meloxicam, Diclofenac, Etodolac, Ketorolac and Celecoxib)

Vitamin, Herbal and Dietary Supplements: Hold 5 days prior to surgery

Scroll down to your H&P Note and click on "Edit"

H&P Note [click to open](#)

Author	Service	Author Type	Cosign	Status	File Time	Note Time
Laszewski, Tristan				Sign at close encounter	03/27/2014 0733	03/21/2014 1124

Laszewski, Tristan Sign at close encounter Service date: 03/21/2014 1124

Pre-Operative H&P

Reason for Visit:
 Tom Waits is a 64 Y male seen today for a pre-operative evaluation. I am seeing the patient at the request of *** who has asked me to provide a medical evaluation and will receive a report. Patient is scheduled for *** at {Surgery Centers:250226} on ***.

Anesthesia Type Anticipated: {ACI - ANESTHESIA TYPES:23018}
History of problems with anesthesia: {No yes, explanation anesthesia:23031}

Click on "Make Me Author" button and complete your note.

H&P Note (F3 to enlarge)

Pre-Op HPI:

Preoperative Basic Health Assessment:

Provider Portion

Cardiac:
 {CARDIAC PRE-OP RISK HISTORY (select all that apply):22878}
 Functional Capacity: {METS:22931::"> 4 METS (able to climb at least 1 flight of stairs without stopping)", "No recent change in exercise tolerance."}

Pulmonary:
 {PULMONARY PREOP RISK HISTORY (select all that apply):22872}

Before exiting the patient room. Print the AVS