

Age	Ht	Wt	BMI	CARDIAC ☐ NRML ☐ Pacemaker ☐ AICD ☐ A Fib ☐ Hyperlipidemia ☐ CHF ☐ Stents ☐ MI ☐ CAD ☐ Stress test ☐ HTN ☐ Murmurs		
Diagnosis Free Text Entry				PULMONARY ☐ NRML ☐ Asthma ☐ SOB ☐ Tobacco use ☐ COPD ☐ CPAP ☐ Sleep apnea		
Procedure Free Text Entry				GI / HEPATIC ☐ NRML ☐ PONV risk ☐ Recreational drug use ☐ GERD ☐ Hepatitis ☐ EtOH		
Medications ☐ See MAR for list and doses				NEURO ☐ NRML ☐ Seizures ☐ Migraines ☐ Chronic pain ☐ CVA/TIA ☐ Neuropathy ☐ MS ☐ MG ☐ ALS		
Allergies ☐ None ☐ Latex ☐ PCN ☐ Sulfa				RENAL/GU ☐ NRML ☐ ARF ☐ Peritoneal dialysis ☐ CKD ☐ Hemodialysis	ENDOCRINE ☐ NRML ☐ DM ☐ Thyroid disease	
Surgical History ☐ None Prior anes comp: ☐ Yes ☐ No FHx of anes comp: ☐ Yes ☐ No				HEME/ONCOLOGY ☐ NRML ☐ Anemia ☐ Sickle cell ☐ Bleeding disorder ☐ Cancer		
Labs ☐ Labs checked WBC Hgb Hct Plt Na Cl BUN Gr K CO2 Gluc INR PT PTT GFR: _____ Alb: _____ Mg: _____ CXR: _____ EKG: _____ Echo: _____ Cath: _____ HcG: ☐ Pos ☐ Neg				MUSCULOSKELETAL ☐ NRML ☐ RA ☐ Arthritis ☐ Hypotonia ☐ Fibromyalgia		PSYCHOSOCIAL ☐ NRML ☐ Bipolar ☐ Anxiety ☐ Depression ☐ PTSD ☐ Panic Disorder ☐ Schizophrenia ☐ ADD/ADHD
PEDS ☐ NRML ☐ Prematurity ☐ Apnea				COMORBIDITY CODES ☐ Case cancelled prior to day of surgery		
Pre-Eval by:				ID #1	SIGNATURE	
				DATE / TIME		

PreProc Eval (Must be completed the day of surgery)					
BP	SpO2	HR	RR	Temp	NPO: Solids 8 hrs Clears 2 hrs ☐ Yes ☐ No
Teeth: ☐ Multiple missing ☐ Loose ☐ Chipped		Dent: ☐ Full ☐ Partial ☐ Upper ☐ Lower		DoS changes:	
Mallampati: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unable		Neck ROM: ☐ Normal ☐ Limited		Pulmonary: ☐ Clear/Equal Bilat ☐ Abnrm:	
Cardiac: ☐ RRR, no murmurs ☐ Abnrm:					
☒ General ☐ Regional ☐ Epidural ☐ MAC ☐ Spinal I have explained the anesthetic plan, options, and pertinent complications including when appropriate: death, severe neurologic impairment and blindness. The patient and/or legal guardian has communicated to me an understanding of both the anesthetic plan and inherent risks. Patient history reviewed. ☐ Translator present PreEval ID# SIGNATURE DATE TIME					

ANESTHESIA PRE-OP

CONSENT FOR ANESTHESIA SERVICES

I acknowledge that my doctor has explained to me that I will have an operation, diagnostic or treatment procedure. My doctor has explained the risks of the procedure advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots,

loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack, or death. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique which involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

☐ General Anesthesia	Expected Result Technique Risks	Total unconscious state, possible placement of a tube into the windpipe Drug injected into bloodstream, breathed into the lungs, or by other routes Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia.
☐ Spinal or Epidural ☐ With sedation ☐ Without sedation	Expected Result Technique Risks	Temporary decreased or loss of feeling and/or movement to lower part of the body Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, total spinal
☐ Major/ Minor Nerve Block ☐ With sedation ☐ Without sedation	Expected Result Technique Risks	Temporary loss of feeling and/or movement of a specific limb or area Drug injected near nerves providing loss of sensation to the area of the operation Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels
☐ Intravenous Regional Anesthesia ☐ With sedation ☐ Without sedation	Expected Result Technique Risks	Temporary loss of feeling and/or movement of a limb Drug injected into veins of arm or leg while using a tourniquet Infection, convulsions, persistent numbness, residual pain, injury to blood vessels
☐ Monitored Anesthesia Care ☐ With sedation	Expected Result Technique Risks	Reduced anxiety and pain, partial or total amnesia Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state An unconscious state, depressed breathing, injury to blood vessels, aspiration, pneumonia
☐ Monitored Anesthesia Care ☐ Without sedation	Expected Result Technique Risks	Measure of vital signs, availability of anesthesia provider for further intervention None Increased awareness, anxiety and/or discomfort

I hereby consent to the anesthesia service checked above and authorize that it be administered by those who are privileged to provide anesthesia services at _____.

I consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them. I also consent for additional trained personnel (i.e. RT, RN, EMS) to perform tasks deemed

appropriate (i.e. Intubation, IV start, etc.) under the direct supervision of the surgeon/anesthesia provider.

I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected result of the anesthesia service; and that I had ample time to ask questions and to consider my decision.

SIGNATURE (Patient / Patient Representative)	DATE	TIME
Patient _____		
(PRINT)		

☐ See Spanish consent

ID	SIGNATURE (Provider)	DATE / TIME

SIGNATURE (Witness)	DATE	TIME

(PRINT)		



ANESTHESIA CONSENT

CONSENTIMIENTO PARA SERVICIOS DE ANESTESIA

Yo reconozco que mi médico me ha explicado que tendré una operación, diagnóstico o procedimiento. Mi Médico me ha explicado los riesgos del pro- cedimiento, me ha explicado los tratamientos alternativos y me ha informado sobre los resultados que se esperan, así como lo que pudiera suceder si mi condición continúa sin tratamiento alguno. Yo entiendo también que se necesitan servicios de anestesia para que mi médico pueda efectuar la cirugía o el procedimiento.

Se me ha explicado que todos los tipos de anestesia involucran ciertos riesgos y que no se pueden otorgar garantías o promesas relacionadas a los resultados de mi procedimiento o tratamiento. Aunque raramente, pueden suceder complicaciones severas con la anestesia y existe la remota posibilidad de infección, sangrado, reacción a las

drogas, coágulo de sangre, pérdida de sensación, pérdida de función en las extremidades, parálisis, embolia, daño cerebral, ataque al corazón o muerte. Yo entiendo que todos estos riesgos se aplican a todos los tipos de anestesia y que riesgos específicos o adicionales han sido identificados a continuación, al poder ellos ser aplicables a ciertos tipos de anestesia. Yo entiendo que el tipo de servicio de anestesia indicado a continuación será utilizado en mi operación y que la técnica anestésica será deter- minada basada en varios factores, incluyendo mi condición física, el tipo de procedimiento que mi médico efectuará, su preferencia, así como mi propia elección. Se me ha explicado que a veces una técnica anestésica que involucra el uso de anestésicos locales, con o sin sedación, puede no ser completamente exitosa y por lo tanto otra técnica tendrá que ser usada, incluyendo la anes. general.

☐ Anestesia General	Resultados Esperados Técnica Riesgos	Estado total inconsciente, posible colocación de un tubo dentro de la tráquea. Droga inyectada dentro del flujo sanguíneo, inhalada a los pulmones, o por otras vías. Dolor en la boca o garganta, ronquera, daño en la boca o dientes, conciencia durante la anestesia, daño a los vasos sanguíneos, aspiración, neumonía.
☐ Espinal o Epidural ☐ Con sedación ☐ Sin sedación	Resultados Esperados Técnica Riesgos	Disminución temporaria o pérdida de sensación y/o movimiento de la parte inferior del cuerpo. Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal Dolor de cabeza, dolor de espalda, zumbido en los oídos, convulsiones, infección, debilidad per- sistente, adormecimiento, dolor residual, daño a los vasos sanguíneos, "total espinal".
☐ Mayor/Menor Bloqueo Nervioso ☐ Con sedación ☐ Sin sedación	Resultados Esperados Técnica Riesgos	Pérdida temporal de sensación y/o movimiento de una extremidad específica o área. Droga inyectada cerca de los nervios que causa pérdida de sensación en el área de la operación. Infección, convulsiones, debilidad, persistente adormecimiento, dolor residual, daño a los vasos san- guíneos.
☐ Anestesia Regional Intravenosa ☐ Con sedación ☐ Sin sedación	Resultados Esperados Técnica Riesgos	Pérdida temporal de sensación y/o movimiento de una extremidad. Droga inyectada en las venas del brazo o pierna mientras se usa un torniquete. Infección, convulsiones, adormecimiento persistente, dolor residual, daño a los vasos
☐ Cuidado de Anestesia Monitoreado ☐ Con sedación	Resultados Esperados Técnica Riesgos	Dolor y ansiedad reducida, amnesia parcial o total. Droga inyectada dentro del fl ujo sanguíneo, inhalada a los pulmones, o por otras vías produciendo un estado semiconsciente. Un estado inconsciente, falta de aire, daño a los vasos sanguíneos.
☐ Cuidado de Anestesia Monitoreado ☐ Sin sedación	Resultados Esperados Técnica Riesgos	Medición de signos vitales, disponibilidad de un proveedor de anestesia para inmediata intervención. Ninguna. Aumento del estado de conciencia, ansiedad y/o incomodidad.

Yo doy mi consentimiento para el servicio de anestesia seleccionado en este formulario y autorizo para que sea administrado por o su asociado, quienes tienen credenciales para proveer servicios de anestesia

RN, EMS) realice las tareas que se consideren apropiadas (es decir, la intubación, el inicio IV, etc.) bajo la supervisión directa del cirujano/proveedor de anestesia.

Yo también doy mi consentimiento para el uso de un tipo alternativo de anestesia, si fuera necesario, determinado por ellos. También doy mi consentimiento para que el personal entrenado adicional (es decir, RT,

Yo certifico y admito que he leído este formulario o que ha sido leído para mí, que entiendo los riesgos, alternativas y resultados espera- dos de los servicios de anestesia y que he tenido suficiente tiempo para efectuar preguntas y considerar mi decisión.

Firma (del Paciente o del Representante)	FECHA	HORA
 (PRINT)		

Firma (del Testigo)	FECHA	HORA
(PRINT)		

☐ See English consent

ID	Firma (del Provider)	FECHA/HORA



ANESTHESIA CONSENT

ANESTHESIA RECORD -- EXTRA TIME

EXTRA LOCATIONS										ARTERIAL LINE Code: _____ Sterile tech used: ☐ Left ☐ Right Code: _____ Indication: ☐ Hemodynamic instability anticipated ☐ Sample Analysis ☐ 20g Arrow Cath cannulated the artery, then secured with tegaderm and tape. Prov #1																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">#1</td> <td style="width: 10%;"></td> <td style="width: 20%;">Start</td> <td style="width: 20%;">Time Out</td> <td style="width: 10%;"></td> </tr> <tr> <td>#2</td> <td></td> <td></td> <td>☐</td> <td></td> </tr> </table>										#1		Start	Time Out		#2			☐		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">EXTRA SURGEONS</td> <td>Start</td> <td>Stop</td> </tr> <tr> <td>#1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>#2</td> <td></td> <td></td> <td></td> </tr> </table>										EXTRA SURGEONS		Start	Stop	#1				#2																	
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☐ Field Avoidance Indicator ☐ Unusual Position Indicator ☐ Deliberate Hypotension per surgeon's request POST ANESTHESIA ASSESSMENT ☐ Unable to determine										NEURAXIAL Start: _____ End: _____ ☐ Time Out ☐ PostOp pain control per surgeon ☐ Surgical/Labor analgesia REQUESTED BY: Surg #1 U/S Used ☐ Yes ☐ No LEB MACRO BLOCK: _____ POSITION: Sit / LLD / RLD APPROACH: Central / Right / Left / Paramedian INTERSPACE: T10 - T11 - T12 - L1 - L2 - L3 - L4 - L5 Other: _____ PREP: Beta / Alc / HIB / CHP Draped: Y / N LOCAL WHEEL: Y / N 2% Lidocaine Vol: _____ mL Epidural: Tuohy Size: 17G / 18G CSF: Y / N Spinal: Pencil Point / Cutting Size: 22G / 25G / 27G CSF: Y / N Blood: Y / N Paresth: Y / N Resolved: Y / N LOR: Air / NS at _____ cm Aspiration: Neg / Pos Test dose: Neg / Pos Code: _____																																													
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ANESTHESIA RECORD -- EXTRA INFO

REGIONAL	Start:	End:	☐ Time Out	REGIONAL	Start:	End:	☐ Time Out		
☐ Block for Post op pain control / surgeon request ☐ Block for surgical anesthesia REQUESTED BY: _____ BLOCK: _____ U/S ☐ Yes ☐ No LATERALITY: ☐ Left ☐ Right ☐ Bilateral				☐ Block for Post op pain control / surgeon request ☐ Block for surgical anesthesia REQUESTED BY: _____ BLOCK: _____ U/S ☐ Yes ☐ No LATERALITY: ☐ Left ☐ Right ☐ Bilateral					
REGION MACRO POSITION: Sit / LLD / RLD / Sup / Prone Attempts: _____ PREP: Beta / Alc / HIB / CHP Draped: Y / N ☐ Full monitors used LOCAL WHEEL: Y / N Needle Size: _____G NEEDLE MANUFACTURER: _____ Size: 17 G / 20 G / 21 G / 22 G / Other: _____ Length: 80mm / 100mm / Other: _____ N Stim to _____mA (if applicable) Blood Asp: Y / N Easy Inject: Y / N Paresth: Y / N Inc Injection: Y / N				REGION MACRO POSITION: Sit / LLD / RLD / Sup / Prone Attempts: _____ PREP: Beta / Alc / HIB / CHP Draped: Y / N ☐ Full monitors used LOCAL WHEEL: Y / N Needle Size: _____G NEEDLE MANUFACTURER: _____ Size: 17 G / 20 G / 21 G / 22 G / Other: _____ Length: 80mm / 100mm / Other: _____ N Stim to _____mA (if applicable) Blood Asp: Y / N Easy Inject: Y / N Paresth: Y / N Inc Injection: Y / N					
☐ Catheter tunneled at: _____ Dressing: Tegaderm / Op-Site / None SUCCESS: _____ On/Q _____ Infusion Pump _____ ☐ Complete ☐ Partial ☐ Failed ☐ Eval Pending				☐ Catheter tunneled at: _____ Dressing: Tegaderm / Op-Site / None SUCCESS: _____ On/Q _____ Infusion Pump _____ ☐ Complete ☐ Partial ☐ Failed ☐ Eval Pending					
Medications Time Wst Photo				Medications Time Wst Photo					
COMMENTS ABORTED: _____				COMMENTS ABORTED: _____					
Prov #1				Prov #1					
ID#	SIGNATURE		DATE	TIME	ID#	SIGNATURE		DATE	TIME

ANESTHESIA RECORD -- REGIONAL

[illegible]

LABOR TO CSECTION

**ANESTHESIA RECORD -- EXTRA TIME**

COMMENTS

COMMENTS

COMMENTS

MACRA MEASURES		REFERENCES	
Send Graphium satisfaction survey* ☐ Yes ☐ Pt Declines ☐ No Mobile Number* (if Yes) — Email	DEFINITIONS "No - RS" (No - Reason Specified): Documented reason (e.g. patient, medical, or process) explaining why action was not performed. "No - RU" (No - Reason Unspecified): No documented reason explaining why action was not performed.		
Patient is a smoker ☐ Yes ☐ No (if Yes) — Rec'd cessation guidance ☐ Yes ☐ No (if Yes) — Smoked on DoS ☐ Yes ☐ No			
Frailty screening positive ☐ Yes ☐ No (if Yes) — Multidisciplinary consult/care ☐ Yes ☐ No			
Difficult airway and GETA planned ☐ Yes ☐ No (if Yes) — Difficult airway equip in room and 2nd Provider present ☐ Yes ☐ No Difficult airway = clinical situation in which a conventionally trained anesthesiologist experiences difficulty with facemask ventilation, difficulty with tracheal intubation, or both. 2nd Provider = physician, CRNA, RN, resident, or anesthesia technician			
Multimodal pain management ☐ Yes ☐ No - RS ☐ No - RU ≥ 2 Classes of drugs given 6 hours prior to Anes start through PACU discharge: NSAIDs Acetaminophen Regional block NMDA Antagonists Gabapentinoids			
Maintenance inhalational agent ☐ Yes ☐ No (if Yes) — Low flow for maintenance ☐ Yes ☐ No - RS ☐ No - RU (if Yes) — ≥ 3 (or ≥ 2 peds) PONV RFs ☐ Yes ☐ No (if Yes) — Combo therapy used ☐ Yes ☐ No - RS ☐ No - RU	OUTCOME(S) #1 #2 #3		
Diabetes mellitus diagnosed ☐ Yes ☐ No (if Yes) — BG prior to Anes Start ☐ Yes ☐ No (if Yes) — Resulting BG ≥ 180 mg/dL ☐ Yes ☐ No (if Yes) — Insulin prior to Anes End ☐ Yes ☐ No - RS ☐ No - RU (if Yes) — BG tested prior to D/C ☐ Yes ☐ No (if Yes) — Education on BG mngmnt ☐ Yes ☐ No Note: Both oral and written education must be provided.	FIRST CASE DELAY REASON(S) #1 #2 #3		
Total joint arthroplasty ☐ Yes ☐ No (if Yes) — Anemia screen performed ☐ Yes ☐ No - RS ☐ No - RU (if Yes) — Anemia screen result ☐ Hgb < 13 ☐ Hgb ≥ 13 (if Yes) — ≥ 1 Anemia mngmnt strategy ☐ Yes ☐ No - RS ☐ No - RU Anemia management strategies: Antifibrinolytic Cell salvage Evidence-based algorithm Tourniquet Epoetin alpha Iron supplements	CASE CANCELLED REASON(S) ☐ Before Ind ☐ After Ind Clear Date Case Cancelled: Now #1 #2 #3		
Isolated CABG surgery ☐ Yes ☐ No CPB used ☐ Yes ☐ No (if Yes) — Temp < 37.0°C w/ CPB ☐ Yes ☐ No ☐ None (if Yes) — Intubated > 24 hours ☐ Yes ☐ No	COMMENTS		

* Message and data rates may apply. Frequency varies. Text HELP for help or STOP to opt-out.
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