

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		
WEEKS GESTATION						

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 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unable		Dent: ☐ Full ☐ Partial ☐ Upper ☐ Lower		DoS changes:	
Mallampati: ☐ Normal ☐ Limited		Pulmonary: ☐ Clear/Equal Bilat ☐ Abnrm:		Cardiac: ☐ RRR, no murmurs ☐ Abnrm:	
☐ General ☐ Regional ☐ Epidural ☐ MAC ☐ Spinal ASA E ☐ 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

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ANES

ANESTHESIA RECORD

[illegible]

EXTRA SURGEONS				Start	Stop
#1					
#2					
ADDITIONAL PROCEDURES					
#1				Code:	
#2				Code:	
#3				Code:	
ADDITIONAL ANESTHESIA PROVIDERS				Start	Stop
#4					
#5					
#6					
☐ Field Avoidance Indicator ☐ Unusual Position Indicator ☐ Deliberate Hypotension per surgeon's request					
ARTERIAL LINE				Start End Period	
Sterile tech used: ☐ Left ☐ Right					
Indication: ☐ Hemodynamic instability anticipated ☐ Sample Analysis ☐ 20g Arrow Cath cannulated the artery, then secured with tegaderm and tape.					
Prov #1					
ID#	SIGNATURE		DATE	TIME	
POST ANESTHESIA ASSESSMENT ☐ See RN flowsheet					
BP	SpO2	HR	RR	Temp	Normal
PACU Pain Score ☐ Unable to Determine					
☐	☐	☐	☐	☐	☐
0	1	2	3	4	5
Alert/Patient Participate: ☐ Yes ☐ No _____					
Airway Patent: ☐ Yes ☐ No _____					
Hydration Adequate: ☐ Yes ☐ No _____					
Pain Control Adequate: ☐ Yes ☐ No _____					
PONV Controlled: ☐ Yes ☐ No _____					
Anesthesia Complications: ☐ Yes ☐ No _____					
☐ It is my clinical judgment that the patient may be discharged from the PACU once discharge criteria met.					
Prov #1					
ID#	SIGNATURE		DATE	TIME	

VENOUS ACCESS PROCEDURE ☐ Yes ☐ No		Start End Period	
Indication: Venous access, fluid resuscitation			
Site: ☐ Int jugular vein ☐ Subclavian vein			
Laterality: ☐ Left ☐ Right			
☐ Central line separate from PAC and clinically indicated			
☐ 2 or 3 lumen 7 fr. 15 cm catheter			
☐ 9 fr Introducer catheter			
☐ Seldinger Technique			
☐ Chlorhexidine disc			
☐ All CVL ports: air and blood aspirated and flushed with saline.			
☐ EBL 10 mL			
☐ VSS throughout ☐ Yes ☐ No		Ultrasound guided technique used to identify selected vessel patency and confirm vascular needle entry.	
☐ No complications ☐ Yes ☐ No			
Photos:		Notes:	
Prov #1			
ID#	SIGNATURE	DATE	TIME
PULMONARY ARTERY CATHETER ☐ Yes ☐ No		Start End Period	
Indication: scvO2 sampling/monitoring			
Site: ☐ Int jugular vein ☐ Subclavian vein			
Laterality: ☐ Left ☐ Right			
☐ PAC separate from central line			
☐ via 9 fr Introducer catheter			
☐ Sterile catheter sheath placed			
☐ Balloon checked			
☐ Good PA waveform			
☐ All PA ports: air and blood aspirated and flushed with saline.			
☐ Balloon deflated			
☐ VSS throughout ☐ Yes ☐ No		Ultrasound guided technique used to identify selected vessel patency and confirm vascular needle entry.	
☐ No complications ☐ Yes ☐ No			
Photos:		Notes:	
Prov #1			
ID#	SIGNATURE	DATE	TIME



ANES

ANESTHESIA RECORD -- EXTRA INFO

Requesting Physician: _____ M.D / D.O	Surgical Procedure: _____
☐ Time Out Protocol verification including patient consent, ID, and location ☐ Sterile gloves & drape ☐ Clean gloves & drape ☐ Hat, mask, & gown	☐ NC O2 (3L/min) ☐ ChloroPrep skin prep ☐ Placed under GA ☐ Mask O2 (10 L/min) ☐ Lidocaine 1% (5 mL skin for each procedure) ☐ Sedation per medications on Anesthesia Record

	Venous Access Procedure		Pulmonary Artery Catheter	
☐ Yes	Start: _____ End: _____	☐ Yes	Start: _____ End: _____	
☐ No	Start: _____ End: _____	☐ No	Start: _____ End: _____	
	Indication: Venous access, fluid resuscitation Placement Period: Site: ☐ Int jugular vein ☐ Subclavian vein Laterality: ☐ Left ☐ Right ☐ Central line separate from PAC and clinically indicated		Indication: scvO2 sampling/monitoring Placement Period: Site: ☐ Int jugular vein ☐ Subclavian vein Laterality: ☐ Left ☐ Right ☐ PAC separate from central line	
	☐ 2 or 3 lumen 7 fr. 15 cm catheter ☐ 9 fr Introducer catheter ☐ Seldinger Technique ☐ Chlorhexidine disc ☐ All CVL ports: air and blood aspirated and flushed with saline. ☐ EBL 10 mL ☐ VSS throughout ☐ No complications		☐ via 9 fr Introducer catheter ☐ Sterile catheter sheath placed ☐ Balloon checked ☐ Good PA waveform ☐ All PA ports: air and blood aspirated and flushed with saline. ☐ Balloon deflated ☐ VSS throughout ☐ No complications	
	Comments: ☐ Ultrasound guided technique used to identify selected vessel patency and confirm vascular needle entry.		Comments: ☐ Ultrasound guided technique used to identify selected vessel patency and confirm vascular needle entry.	
	Ultrasound Image:		Ultrasound Image:	



Indication: _____	□ GETA	Insertion: Easy / Difficult / Failed
Physician ordering ECHO: _____	Examiner: Prov #1 ID# _____	SIGNATURE _____ DATE _____ TIME _____

Aorta	Size	Diameter (cm)	Dissection	Plaque Thickness	Plaque Mobile
Ascending Ao	Normal / Dilated / Aneur	□ WNL	Y / N	0-1 / 1-3 / >3	Y / N
Ao Arch	Normal / Dilated / Aneur	□ WNL	Y / N	0-1 / 1-3 / >3	Y / N
Descending Ao	Normal / Dilated / Aneur	□ WNL	Y / N	0-1 / 1-3 / >3	Y / N

Valves	Annulus	Stenosis	Area / Gradient	Regurg	Leaflet Morphology	Leaflet Motion
Aortic	Normal, Dilated, Calc, Bioprosth, Mechanical	No, Mild, Mod, Severe	□ WNL	0 1+ 2+ 3+ 4+	Norm, Calc, Veg, Perf Bicuspid, Thickened	Normal, Prolapsed Flail, Restricted NCC / RCC / LCC
Mitral	Normal, Dilated, Calc, Bioprosth, Mechanical	No, Mild, Mod, Severe	□ WNL	0 1+ 2+ 3+ 4+	Norm, Calc, Veg, Perf Myxom, Thickened	Normal, Prolapsed Flail, Restricted A ₁ A ₂ A ₃ P ₁ P ₂ P ₃
Tricuspid	Normal, Dilated, Calc, Bioprosth, Mechanical	No, Mild, Mod, Severe	□ WNL	0 1+ 2+ 3+ 4+	Norm, Calc, Veg, Perf Myxom, Thickened	Normal, Prolapsed Flail, Restricted

Atria	Size	SEC	Thrombus	Tumor	Device
Right Atrium	Normal / Dilated		Y / N	Y / N	None, PAC, Leads
Left Atrium	Normal / Dilated	Y / N	Y / N	Y / N	None, Watchman, Atrial clip

Septum	Morphology: Normal, Aneurysm, Lypomatous, Hypertrophy PFO, ASD (Primum, Secundum, Sinus Venosus, AV Canal)
	Shunt: None / R > L / L > R / Bidirectional

Ventricles	Cavity Size	Hypertrophy	Thrombus	Global Function	TAPSE/EF
RV	Normal / Dilated	Y / N	Y / N	Nrml -1 -2 -3	≥16mm <16mm
LV	Normal / Dilated	Y / N	Y / N	Nrml -1 -2 -3	

Septum	Morphology: Normal, Hypertrophy, Shift, Detect (member, musc)
	Shunt: None / R > L / L > R

Regional Fxn(1=nrml, 2=hypokinetic, 3=akinetic, 4=dyskinetic)

Basal Segments	Mid Segments	Apical Segments
Anterior	Anterior	Anterior
Anteroseptal	Anteroseptal	Septal
Inferoseptal	Inferoseptal	Inferior
Inferior	Inferior	Arteral
Inferolateral	Inferolateral	True Apex
Anterolateral	Anterolateral	

Post Intervention Follow-Up Study: No change / See report
Ventricular function: Global function improved
Regional function: Improved / Decreased
Native valve function: No change / Improved / Normal
Prosthetic valve type:
Normal function: Y / N
Valve repair leak: 0 leak 1+ 2+ 3+ Area:

Comments:

Pericardium: Normal, Thickened

Effusion: None, Mild, Moderate, Severe Tamponade

Pleura: Normal, Effusion



Time					
pH					
PaCO2					
PaO2					
HCO3					
BE					
O2 Sat					
Na					
K					
Gluc					
iCa					
Hgb					
Hct					
Lactate					
ACT					
Notes:					

Time					
pH					
PaCO2					
PaO2					
HCO3					
BE					
O2 Sat					
Na					
K					
Gluc					
iCa					
Hgb					
Hct					
Lactate					
ACT					
Notes:					



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

ANESTHESIA RECORD -- REGIONAL

MACRA MEASURES

REFERENCES

AIQ 48	Send Graphium satisfaction survey* ☐ Yes ☐ Pt Declines ☐ No
	Mobile Number*
	(if Yes) — Email
QID 404	Patient is a smoker ☐ Yes ☐ No
	(if Yes) — Rec'd cessation guidance ☐ Yes ☐ No
	(if Yes) — Smoked on DoS ☐ Yes ☐ No
AIQ 67	Frailty screening positive ☐ Yes ☐ No
	(if Yes) — Multidisciplinary consult/care ☐ Yes ☐ No
ABG 42	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
QID 477	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
ABG 44	Maintenance inhalational agent ☐ Yes ☐ No
	(if Yes) — Low flow for maintenance ☐ Yes ☐ No - RS ☐ No - RU
QID 430	(if Yes) — ≥ 3 (or ≥ 2 peds) PONV Rf's ☐ Yes ☐ No
	(if Yes) — Combo therapy used ☐ Yes ☐ No - RS ☐ No - RU
AIQ 71	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.
AIQ 72	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
AIQ 65	Isolated CABG surgery ☐ Yes ☐ No
	CPB used ☐ Yes ☐ No
AIQ 18	(if Yes) — Temp < 37.0°C w/ CPB ☐ Yes ☐ No ☐ None
	(if Yes) — Intubated > 24 hours ☐ Yes ☐ No

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.

OUTCOME(S)

#1

#2

#3

FIRST CASE DELAY REASON(S)

#1

#2

#3

CASE CANCELLED REASON(S)

☐ Before Ind☐ After Ind

Clear

Date Case
Cancelled:

#1

#2

#3

COMMENTS

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

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