



6913

Consultation for Cardiac Surgical Evaluation **Surgeon:** _____

Date: ____/____/____ **Requesting MD** _____ **PCP** _____

Admitting MD _____ **Other MD's** _____

Other MD(s): _____

Presenting Complaint: _____

History of Present Illness: _____

CARDIAC CATH: ____/____/____ : **Left Main:** _____ **LAD:** _____

Circumflex: _____ **RCA:** _____

Grafts: _____

Valves: _____

Right Heart Cath: _____

Past Medical/Surgical History: _____

Illicit Drug Use (inc past hx/occ marijuana) _____ **Alcohol** _____

Family History _____ **Social History** _____

Prior Cath/PTCA: _Y _N **When?** ____/____/____ : **Comments:** _____

Redo Sternotomy: _Y _N



Society of Thoracic Surgeons Risk Factors and Preoperative Cardiac Status (Check all Positives):

Diabetes (include new dx: HgA1c >= 6.5)

- No Yes, Type 1 Yes, Type 2 Diet Oral Insulin Other

Hypertension

Hypercholesterolemia

- No Yes, treated with lipid lowering drug Yes, Unknown Yes, NOT treated with lipid lowering drug

Cerebrovascular Disease

CVA Prior: Recent <2wks Remote >2 wks

Renal Failure

- No Yes: Dialysis Yes: No Dialysis If Yes, is Renal Failure Acute Chronic

Pulmonary

Smoking (choose one) (Includes cigars)

- Never Current Former Unknown

Pack Years (ppd x years smoked) Quit Date (est)

COPD/Chronic Lung Disease

- Mild : FEV1 60-70% predicted and/or chronic inhaled or oral bronchodilator therapy Moderate : FEV1 50-59% of predicted and/or on chronic steroid therapy aimed at lung disease

Pulmonary continued:

- Severe : FEV1 < 50% predicted and/or Room air PaO2 <60 pCO2 > 50

Cardiac

Family History of Coronary Artery Disease:

(First generation: parents/siblings/children with CAD diagnosed and/or treated prior to age 55 for male relatives or less than age 65 for female relatives)

History of CHF within past two weeks

NYHA Classification (Highest class within 2 weeks of surgery)

- I II III IV

MI Prior STEMI NSTEMI

When? <=7 days 8-21 Days >21-40 Days >40 days

Angina Stable Unstable

Atrial Fib/Flutter (within 2 weeks of surgery)

Peripheral Vascular Disease

Cardiogenic Shock (at time of procedure)

Allergies:

Medications (check all that apply):

- Beta Blockers ACE Inhibitors Nitrates IV Anticoagulants Type? Coumadin Inotropes Steroids Immunosuppressive Rx Aspirin Lipid Lowering P2 Y12 ADP Inhibitors IIB/3A Inhibitors PO thrombin inhibitors Factor Xa inhibitors

Other Medications (List):

Blank lines for listing other medications.



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REVIEW OF SYSTEMS

<p>CONSTIT Y N <input type="checkbox"/> <input type="checkbox"/> fever <input type="checkbox"/> <input type="checkbox"/> cancer <input type="checkbox"/> <input type="checkbox"/> weight change <input type="checkbox"/> <input type="checkbox"/> fatigue</p> <p>EYES <input type="checkbox"/> <input type="checkbox"/> visual loss/change <input type="checkbox"/> <input type="checkbox"/> diplopia</p> <p>EARS/N/M/T <input type="checkbox"/> <input type="checkbox"/> pain <input type="checkbox"/> <input type="checkbox"/> dental work</p> <p>CARDIO <input type="checkbox"/> <input type="checkbox"/> Chest Pain <input type="checkbox"/> <input type="checkbox"/> orthopnea <input type="checkbox"/> <input type="checkbox"/> PND <input type="checkbox"/> <input type="checkbox"/> Edema <input type="checkbox"/> <input type="checkbox"/> Claudication <input type="checkbox"/> <input type="checkbox"/> Palpitations <input type="checkbox"/> <input type="checkbox"/> Syncope <input type="checkbox"/> <input type="checkbox"/> Dysrhythmias</p>	<p>RESP Y N <input type="checkbox"/> <input type="checkbox"/> dyspnea <input type="checkbox"/> <input type="checkbox"/> cough <input type="checkbox"/> <input type="checkbox"/> wheeze <input type="checkbox"/> <input type="checkbox"/> hemoptysis</p> <p>GI <input type="checkbox"/> <input type="checkbox"/> dysphagia <input type="checkbox"/> <input type="checkbox"/> pain <input type="checkbox"/> <input type="checkbox"/> N/V <input type="checkbox"/> <input type="checkbox"/> ulcers <input type="checkbox"/> <input type="checkbox"/> bleeding <input type="checkbox"/> <input type="checkbox"/> diarrhea/constipation</p> <p>G/U <input type="checkbox"/> <input type="checkbox"/> polyuria <input type="checkbox"/> <input type="checkbox"/> dysuria <input type="checkbox"/> <input type="checkbox"/> nocturia <input type="checkbox"/> <input type="checkbox"/> BPH <input type="checkbox"/> <input type="checkbox"/> Nephrolithiasis</p>	<p>MUSC/SKEL Y N <input type="checkbox"/> <input type="checkbox"/> arthralgia <input type="checkbox"/> <input type="checkbox"/> myalgia</p> <p>INTEGUMENT <input type="checkbox"/> <input type="checkbox"/> rashes/hives <input type="checkbox"/> <input type="checkbox"/> breasts</p> <p>NEURO <input type="checkbox"/> <input type="checkbox"/> paresthesia <input type="checkbox"/> <input type="checkbox"/> CVA / TIA <input type="checkbox"/> <input type="checkbox"/> seizures <input type="checkbox"/> <input type="checkbox"/> syncope</p> <p>PSYCH <input type="checkbox"/> <input type="checkbox"/> h/o disorder</p> <p>ENDOCRINE <input type="checkbox"/> <input type="checkbox"/> thyroid disease <input type="checkbox"/> <input type="checkbox"/> other</p> <p>HEMAT/LYMPH <input type="checkbox"/> <input type="checkbox"/> bleeding <input type="checkbox"/> <input type="checkbox"/> adenopathy</p>
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PHYSICAL EXAM

GEN: **VS:** B/P _____/_____/_____ HR_____ RR_____ O2 Sat _____ Temp_____ HT_____ WT_____

HEENT: _____ Masses _____; Bruits _____; Thyroid _____;

LUNGS: _____

CARDIOVASC: *Heart:* Murmur _____ Rub _____ Gallop _____ LE Edema _____

Pulses: Carotids: R _____ L _____; Bruit(s) _____ Fems: R _____ L _____; DPs: R _____ L _____;

PTs: R _____ L _____ Brachial: R _____ L _____; Radials: R _____ L _____; AAA _____

ABDOMEN: Masses _____; Tenderness _____; Organomegaly _____

NEURO/MUSC/SKEL: Focal Motor Deficit _____; Muscle Strength/Tone _____

EXTREMITIES: _____

SKIN: Rashes _____; Lesions _____; Warm _____; Dry _____;

PSYCH: A&Ox3 _____; Affect _____ Comments: _____

PERTINENT DATA TESTING

ECG: ____/____/____ : **Comments:** _____

Chest Xray: _____

ECHO: ____/____/____ : **Comments:** _____ **LVEF:** _____

Chest CT: ____/____/____ : **Comments:** _____



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LABS: Glucose: _____; BUN/Cr: _____/_____; Prealbumin _____ Transferrin _____
 NA: _____; K: _____; CL: _____; TOTCO2: _____; BNP _____ HgbA1C _____
 HCT: _____; HGB: _____; PLT: _____; PTT/PT/INR: _____/_____/_____; UA _____
 CK: _____; CK-MB: _____; TROP: _____; OTHER: _____;

ASSESSMENT/PLAN:

Valve Preference _____

Beta Blocker Contraindicated (Isolated CAB patients) Reason _____

MD Signature: _____ **Date:** _____ **Time:** _____

Society of Thoracic Surgeons (STS) Definitions:

New York Heart Association Classification (NYHA Class)

- Class I:** patients with no limitation of activities; they suffer no symptoms from ordinary activities.
- Class II:** patients with slight, mild limitation of activity; they are comfortable with rest or with mild exertion. Walking >2 blocks or climbing 1 flight of stairs results in limiting symptoms.
- Class III:** patients with marked limitation of activity; they are comfortable only at rest. Less than ord physical activity (walking level block or climbing flight of stairs causes fatigue, palpitation, dyspnea or anginal pain)
- Class IV:** patients who should be at complete rest, confined to bed or chair; any physical activity brings on discomfort and symptoms occur at rest.

- PVD/PAD:** Includes upper and lower extremity , renal, mesenteric and abd aortic systems) Can include any of following:
- Claudication with exertion or rest, amputation for vasc insufficiency, ao-iliac occ dz reconstruction, vasc reconst/bypass surgery, or PCI to extremities Perip PTCA or STENT, documented abd ao aneurysm with or without repair.
 - Postitive noninvasive or invasive testing with documented ABI <= 0.9, angiography, ultrasound, MRI or CT impaging of >50% stenosis in any peripheral artery.

Does NOT Include: disease in carotid, cerebral vascular arteries or thoracic aneurysms, or any intervention to dialysis fistulas or vein stripping

Cerebrovascular Disease: CVA (symptoms >24 hrs after onset, presumed to be from vasc etiology); TIA (recovery within 24 hrs); Non-invasive carotid test with > 79% occlusion; prior carotid surgery. DOES NOT include metabolic, and/or anoxic encephalopathy.

CVA: History of stroke (any confirmed neuro deficit of abrupt onset caused by a disturbance in cerebral blood supply that did not resolve within 24 hrs).

Cardiogenic Shock: At time of procedure, clinical state of hypoperfusion for > 30 minutes (SBP< 80 and/or CI < 1.8 on max Rx , IV inotropes and/ or IABP needed to maintain SBP > 80 or CI > 1.8.

Heart Failure: Within 2 weeks of surgical procedure, MD has dx pt with HF by careful hx and phy exam or by following criteria: PND, DOE due to HF, CXR with pulmonary congestion, peripheral edeam or dyspnea and pt receiving diuretics. Pulmonary edema. ** Low EF without clinical presentation does not qualify for hx of HF.

The Point of Care Reference Range form is located in the laboratory section of all in-patient medical records. For outpatient or procedural areas it is located in an area of the chart designated by the department.