Elective Admission/Surgery H&P Form
H & P Valid 30 days from completion

<table>
<thead>
<tr>
<th>ADMITTING DIAGNOSIS:</th>
<th>ANESTHESIA PREFERENCE: (LOCAL, GENERAL, REGIONAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPOSED OPERATION/PROCEDURE</td>
<td>Specialists involved in patient's care:</td>
</tr>
</tbody>
</table>

HPI:

PAST HISTORY:

MEDICAL:

SURGICAL:

FAMILY:

REVIEW OF SYSTEMS: | NWL | Abnormal/ Comment |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEENT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GU:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuro:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Tobacco Use: ____________________________

If yes, smoking cessation counseling provided ☐ Yes ☐ No

☐ Alcohol Use: ____________________________

☐ Recreational Drugs: ____________________________

☐ Pregnant ☐ Tested
Elective Admission/Surgery H&P Form

ADMISSION MEDICATION RECONCILIATION FORM

LIST BELOW ALL OF THE PATIENT’S MEDICATIONS PRIOR TO ADMISSION INCLUDING: RX, OTC, HERBAL MEDS, BLOOD DERIVATIVES, NUTRICEUTICALS, RECENT VACCINATIONS, VITAMINS, RESPIRATORY MEDS AND TOTAL PARENTERAL NUTRITION. NEW MEDICATIONS OR MEDICATION CHANGES SHOULD BE WRITTEN ON A SEPARATE PHYSICIANS ORDER SHEET.

DO NOT USE THE FOLLOWING ABBREVIATIONS:

Ug (use ‘mcg’)   U (use ‘Unit’)   IU (use ‘International units’)
QD, QOD (use ‘daily’ or ‘every other day’)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Elective Admission/Surgery H&P Form

## PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>EXAM:</th>
<th>NOTE ABNORMAL FINDINGS</th>
<th>Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ht:</td>
<td>Wt:</td>
<td>B/P:</td>
</tr>
<tr>
<td>P:</td>
<td>Resp:</td>
<td>Temp:</td>
</tr>
<tr>
<td>EXAM:</td>
<td>NML</td>
<td></td>
</tr>
</tbody>
</table>

Check if Normal

### Constitutional
- General appearance

### Psych

### Neck
- Appearance
- Veins
- Trachea midline
- Thyroid
- Bruits

### Ear, nose & throat

### Eyes
- Pupils/Sclera
- Fundoscopic exam

### Cardiovascular
- Rhythm
- Murmur
- Gallup
- Rub

### Respiratory
- Respiratory effort
- Auscultation
- Percussion
- Palpation

### Gastrointestinal
- Tenderness
- Masses
- Organomegaly
- Pulsation

### Genitourinary
- Genitalia
- Rectal/pelvic

### Musculoskeletal
- Weakness
- Atrophy
- Deformity

### Neuro

### Skin
- Rash
- Wound
- Scars

### Lymph Nodes
- Adenopathy

### Extremities
- Edema
- Pulses
- Joints

### Radiology: N/A

### EKG/ECHO/OTHER: N/A

### Additional Comments:

* APRN/NP/PA completing H&P consultation require MD co-signature.

**Signature** __________________________  **Date** __________  **Time** __________

**M.D. Signature** __________________________  **Date** __________  **Time** __________

**M.D. Print Name** __________________________
Elective Admission/Surgery H&P Form

EKG
Males over 50 (these are the only routinely suggested tests)
Females over 50 (these are the only routinely suggested tests)
Any history of cardiac disease or severe hypertension
Highly invasive procedures
Diabetics over 40

CHEST X-RAY – RARELY INDICATED EXCEPT FOR:
- Cardio Pulmonary disease which is debilitating or with change of symptoms or exacerbation in past 6 months
- Highly invasive thoracic surgery

PULMONARY FUNCTION TESTS – RARELY INDICATED AS ANESTHESIA SCREENING TESTS
They are indicated for major thoracic surgery

HEMATOCRIT, PLATELET COUNT, WBC
Indicated by patient history, i.e.; Anemia, Chemo Rx or anticipated large blood loss

COAGULATION TESTS
Only indicated for patients with a history of a bleeding disorder or for those undergoing highly invasive vascular procedure.

ELECTROLYTES, BUN/CREATINE, GLUCOSE
Indicated by patient’s history. BUN may be indicated in elderly patients having invasive procedures. Chronic use of diuretics is not an indication for K+ testing in otherwise healthy, active patients.

NPO REQUIREMENTS

ADULT
No solid food after midnight
Clear fluids until 4 hours prior to scheduled arrival at hospital.

CHILDREN OVER 1 YEAR OLD
NPO 6 hours pre-op for solids
NPO 4 hours pre-op for breast milk
Offer clear fluids up to 2 hours pre-op

CHILDREN UNDER 1 YEAR OLD
NPO 6 hours for solid foods
NPO 4 hours for breast milk
Offer clear fluids up to 2 hours pre-op

PRE-OP MEDICATIONS

Patient should take all routine meds for the morning of surgery except insulin and oral hypoglycemic drugs.
Glucophage should be discontinued 24 hours prior to surgery.

The surgeon should give specific instructions about anticoagulants, ASA and NSAID’S.