

Doctor's History and Physical Pre-operative Forms





FORT WHYTE ORTHOPEDICS
304-1020 LORIMER BLVD
WINNIPEG, MB R3P 1C7
PHONE: 204-560-2272
FAX: 204-815-5755

EMAIL: info@fortwhyteorthopedics.com

Dear Primary Care Provider,

RE:

Your patient mentioned above is on a wait list for surgery at

Please keep this surgical package in the patient's records until the patient schedules a Preoperative History and Physical. See attached for detailed instructions.

The completed forms must be submitted a minimum **TWO MONTHS prior to the surgery date** (*unless told otherwise*). Upon completion, the surgical package can be faxed or emailed to the information on the letterhead.

Patients who have any missing pieces of the surgical package will be contacted and failure to submit the completed surgical package by the due date will result in delaying surgery.

Thank you for your time and cooperation.

Sincerely,

Fort Whyte Orthopedics



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Attached is the Pre-Op History and Physical

- These forms must be completed by a family doctor or nurse practitioner
- Please ensure preoperative tests are performed based on the surgery categories below:

MINOR SURGERY

- Note: Preoperative tests are rarely indicated for asymptomatic patients undergoing minor surgery.*

MAJOR SURGERY

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Patient is 16 - 49 years of age.

Order: CBC. Other tests may be indicated* | <ul style="list-style-type: none"><input type="checkbox"/> Patient is 50 years of age or older.

Order: CBC; ECG Cr/eGFR; and NA, K, TCO, <i>Other tests may be indicated.*</i> |
|--|---|

*Additional tests may be appropriate for patients with complex or uncommon surgical or medical conditions. Apply clinical judgment as required. To access the Consult the Routine Preoperative Lab test Guidelines documents, please visit: wrha.mb.ca/extranet/eipt/EIPT-003.php

NOTICE: CHEST X-RAYS ARE NOT RECOMMENDED FOR ANY SURGERY except to facilitate diagnosis of new/worsened symptoms, or if ordered by the surgeon in the work up of malignancy.

Please submit the completed forms minimum **TWO MONTHS prior to the surgery date (unless told otherwise)**

If you have any questions please contact the Surgeon's Office Assistant (SOA):

The completed forms are DUE on: _____

- *Patients who have any missing pieces of the surgical package will be contacted.*
- *Failure to submit your completed surgical package by the due date will result in delaying surgery.*

PREOPERATIVE History & Physical Form

This form must be submitted to site at least 14 days prior to surgery date.
Failure to do so may result in cancellation.

ENSURE ALL CONTACT INFORMATION ON BOOKING CARD IS CORRECT.

Patient Name: _____

D.O.B. _____

PHIN/MHSC: _____

Address: _____

H: _____

C: _____

W: _____

PART C – PHYSICAL (Note any active or unstable system findings)

Height _____ cm Weight _____ kg Body Mass Index (BMI) _____ Blood Pressure _____ Heart Rate _____ SpO₂ _____

CHEST (other): Rhythm _____ Murmurs _____ Air Entry _____ Adventitious Sounds _____

HEAD & NECK: _____ Neck circumference _____ cm

ABDOMEN: _____ EXTREMITIES: _____

PART D – REVIEW OF SYSTEMS Please note abnormal findings below and indicate associated code number (e.g. "D3" for Respiratory)

- | | | |
|------------------------------|-------|-------|
| D1. Central Nervous System | _____ | _____ |
| D2. Cardiovascular | _____ | _____ |
| D3. Respiratory | _____ | _____ |
| D4. Genitourinary | _____ | _____ |
| D5. Haematologic & Lymphatic | _____ | _____ |
| D6. Endocrine & Metabolic | _____ | _____ |
| D7. Gastrointestinal | _____ | _____ |
| D8. Neuromuscular | _____ | _____ |
| D9. Dermatologic | _____ | _____ |
| D10. Other | _____ | _____ |

PART E – OPTIMIZATION

Blood Management Service

If possible, please address with the patient any of the following applicable items to reduce the risk of postoperative complications:

Consult initiated
Consider referral if major surgery and anemia, rare blood type, multiple antibodies or patient refuses blood transfusion
www.bestbloodmanitoba.ca 204-787-1277

Healthy Behaviours

- Active lifestyle
- Reducing excessive alcohol use
- Healthy diet
- Recreational drug cessation
- Smoking cessation

Chronic Diseases Management

- Diabetes screening/Blood glucose control
- COPD/Asthma
- Hypercholesterolemia
- Hypertension
- Malnutrition
- Nutritional Anemias

PART F – LABORATORY SCREENING (patients at least 16 years of age)

Check if indicated test results are attached.

A guideline based app to determine which tests are required is available at: logixmd.com/preop

TESTS WITHIN 6 MONTHS OF SURGERY

are valid, provided there has been no interim change in the patient's condition.

CLINICAL JUDGEMENT IS REQUIRED

as additional tests may be appropriate for some patients.

GUIDELINE DOES NOT APPLY TO

patients undergoing cardiac surgery or cesarean section

Chest X-rays – Not recommended for any surgery except to facilitate diagnosis of new/worsened symptoms, or if ordered by the surgeon in the work up of a malignancy.

FOR MINOR SURGERY*

DO NOT ORDER PREOPERATIVE TESTS
in asymptomatic patients.

* Associated with an expected blood loss of less than 500 mL, minimal fluid shifts and is typically done on an ambulatory basis (day surgery/same day discharge)*. It includes cataract surgery; breast surgery without reconstruction; laparoscopic cholecystectomy and tubal ligation; and most cutaneous, superficial, endoscopic and arthroscopic procedures.

† Access the complete adult preoperative lab test guideline – including lists of major and minor surgery, at <http://www.wrha.mb.ca/extranet/eipt/EIPT-003.php>

FOR MAJOR SURGERY** If age (years) is:

- 16 - 49: Order CBC. Additional tests may be indicated for comorbid diseases. Consult guideline. ‡
- 50+: Order CBC, ECG, Na⁺, K⁺, Cr, TCO₂, CR/eGFR

➤ Major Surgery: Other tests to consider

- Oral Corticosteroids, DM or BMI greater than 40: add Hemoglobin A1C or fasting plasma glucose.
- Malnutrition, BMI greater than 40, or Liver disease: AST, ALT, Alk Phos, GGT albumin, total and direct bilirubin & INR.
- At high risk for iron deficiency: add serum iron TIBC and Ferritin.
- Thyroid disease: add TSH.

** Associated with an expected blood loss of greater than 500 mL, significant fluid shifts and typically, at least one night in hospital[^]. Includes laparoscopic surgery (except cholecystectomy and tubal ligation), open resection of organs, large joint replacements, mastectomy with reconstruction, and spine, thoracic, vascular, or intracranial surgery.

[^] If the surgery is typically ambulatory but the patient has a medical or social reason for overnight admission (i.e. OSA, no support at home), still consider the surgery minor in determining which lab tests to order.

Examining Provider: _____
SIGNATURE

PRINTED NAME AND DESIGNATION

Examination Date: _____
D D M M M Y Y Y Y

Address: _____

Phone: _____

Fax: _____

It is not necessary to repeat history and physical as no significant change noted in the patient's health status since the last examination.

Examining Provider: _____
SIGNATURE

PRINTED NAME AND DESIGNATION

Reassessment Date: _____
D D M M M Y Y Y Y

Comments: _____