

Surgeon		Fax		PCP		Fax							
Diagnosis/Surg Plan						Op date							
Age	Ht	Wt	BMI	Gender	BP	HR	Resp	Temp	O <sub>2</sub> Sat%				
Perioperative Cardiac Morbidity (PCM) Checklist				EKG date		Previous EKG date							
Consider prophylaxis against PCM if any three are checked	Known coronary artery disease			<input type="checkbox"/> Normal		<input type="checkbox"/> Abnormal							
	Age ≥ 60			Detail									
	Hypertension												
	Diabetes mellitus												
	Peripheral vascular disease												
	Pk Yrs	Quit	Nicotine	<input type="checkbox"/> Unchanged		<input type="checkbox"/> New finding							
Hb < 9, Creat ≥ 2, Cholest ≥ 240 mg/dl													
Consider cardiology consult if any are checked	Unstable, untreated, new or changing angina			Stress/Echo/Valves/EF/Notes									
	Congestive heart failure, tamponade, cardiomegaly												
	Hazardous rhythm and/or EKG ischemia												
	Recent PCI and stent placement												
	Severe valvular disease, eg. Ao stenosis												
Patient already on PCM prophylaxis													
Clinical diagnosis		Medications		ADR		Diabetes							
						Control		<input type="checkbox"/> Uncontrolled					
								<input type="checkbox"/> Diet					
								<input type="checkbox"/> Oral meds					
								<input type="checkbox"/> Insulin					
				X-Ray		Stability		<input type="checkbox"/> Stable					
								<input type="checkbox"/> Brittle					
						Hb A1C							
Labs						Resuscitate?							
Na	HCO <sub>3</sub>	BUN	Glucose	WBC	Hb	<input type="checkbox"/> Quiet breathing during sleep <input type="checkbox"/> Snores heavily <input type="checkbox"/> Prolonged or frequent apnea <input type="checkbox"/> Requires CPAP							
K	Cl	Creat			Hct					<input type="checkbox"/> Always			
					Plt					<input type="checkbox"/> Yes during anesthesia			
Clotting studies						<input type="checkbox"/> Never							
Previous anesthesia/Concerns/Notes													
Signature		Print		Date		Time							
MD Review—Sig		Print		Date		Time							