

PATIENT LABEL

Past Surgical Hx

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Appendix | <input type="checkbox"/> Gallbladder |
| <input type="checkbox"/> Hand/Arm R L | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Bladder / Cysto | <input type="checkbox"/> Hernia R L |
| <input type="checkbox"/> Breast R L | <input type="checkbox"/> Hip R L |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Knee R L |
| <input type="checkbox"/> C-Section | <input type="checkbox"/> Lung R L |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> D & C | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> See Women's Hx | <input type="checkbox"/> Spinal |
| <input type="checkbox"/> Ear R L | <input type="checkbox"/> Tonsils |
| <input type="checkbox"/> Ear R L | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Leg/Foot R L | <input type="checkbox"/> Gastroscopy |

Other _____

Other _____

Nurses Documentation

Nursing Dx

Knowledge Deficit
Related to
Operative Routine

Outcome

Patient Verbalized
Understanding of
Information

Outcome

Explain the following:

- Time and Place to Report to Surgery
- Discuss Surgical flow Routine
- NPO Status and Surgical Attire
- Pain Management, Pain Scale
- Physical Assessment, IV, VS
- Post-op Expectations / Transportation

Assessment for MDRO's

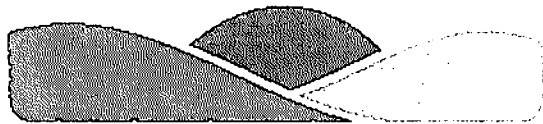
- None
- MRSA HIV Dialysis
- Injection Drug Use
- Diagnosis of Skin / Soft Tissue infection at admission
- Previous Receipt of antibiotic during an admission
- Admission to a nursing home in the last year
- Admission to hospital in the last year with at least 1 underlying chronic illness

Med / Herbal / Vitamin	Dose	Frequency	Med / Herbal / Vitamin	Dose	Frequency

Nurse Signature: _____ Time: _____ Date: _____

Above Information Evaluated Prior to Administration of Anesthesia:

Anesthesia: _____ Time: _____ Date: _____



**SOUTHERN NEW MEXICO
SURGERY CENTER**

Height _____ Weight _____

Neurologic Hx

- Normal Paralysis Stroke / CVA
 Impaired Mental Status Seizures
 Fainting Spells Other _____

Cardiac Hx

- Normal High Blood Pressure Arrhythmia
 Mitral Valve Prolapse Heart Attack
 Chest Pain Other _____
 Heart Murmur

Gastrointestinal Hx

- Normal Ulcers Other
 Ostomy Acid Reflux Diverticulitis

Musculoskeletal Hx

- Normal Amputation Osteoporosis
 Osteoarthritis Back/Neck Injury
 Rheumatoid Arthritis Other _____

Hematological Hx

- Normal Blood Transfusions
 Anemia Bleeding Disorders
 HIV Hepatitis

Psycho/Social Hx

- Alcohol N Y _____
Tobacco N Y _____ yrs. _____ frequency
Social Drugs N Y _____

Cultural / Religious Barriers

- N/A Language _____
 Other _____

Women's Hx

- LMP _____ IVD _____
 Hyst. / TL / Post Men.

Health Screening

Allergies / Sensitivities

Respiratory Hx

- Normal O² Dependent Emphysema
 Shortness of Breath COPD Asthma
 Sleep Apnea Other _____

Renal Hx

- Normal Calculi
 Renal Disease Dialysis
 Other _____

Endocrine Hx

- Normal Thyroid Disease
 Diabetes Other _____

Prosthetics / Implants / Assistive Devices

- None Glasses Dentures/Partial
 Contacts Chipped / Loose Teeth
 Hearing Aids Pacemaker / ICD / Pain Pump
 Implants _____
 Walker Crutches Cane Wheelchair
 Other _____

Nutritional Hx

- Normal Unexplained Wt. Loss
 Loss of Appetite
 Difficulty Eating Other _____

Anesthesia Hx

- No Previous Previous, No Complications
 Complications _____
 Contributing Family hx: _____
Complications/allergies: _____

Patient Sticker