

ANAESTHETIC ASSESSMENT TEMPLATE

PATIENT IDENTITY Please could I confirm your name, date of birth and look at your wristband to confirm your hospital number?	DATE (Today's) NAME AND SIGNATURE (Yours)						
ALLERGY STATUS Do you have any allergies at all, or any adverse reactions to medications? What happens when you have taken drug X?		WEIGHT: HEIGHT: BMI:					
PROPOSED PROCEDURE Could I check what you understand about the procedure you are having today?							
PMH Do you have any medical problems? Have you ever been to hospital for any reason before? Tell me about the background to the reason you are having your procedure today?	DH What medications do you take regularly? Can I ask what you take Drug X for? When did you last take your medication?						
SYSTEMS REVIEW CVS Specifically do you have any problems with your heart? Do you have high blood pressure? Have you ever had a heart attack or stroke? Do you ever get chest pain? Do you ever wake up short of breath? How many pillows do you need to sleep with? Could you lie flat if I ask you to? Do you have a pacemaker? RS Do you have asthma or any other lung diseases? Endo Do you have diabetes or any thyroid problems? Neuro Do you have epilepsy? Have you ever been told that you have had a mini-stroke? GI Do you have acid reflux or ever get acid coming into your mouth? Renal Do you have any kidney disease? Liver Have you ever had any problems with your liver? Arthritis Do you suffer with arthritis or have any joint problems? Any pain in your back or neck?	EXERCISE TOLERANCE When do you get short of breath? How far can you walk on the flat without having to stop? How many flights of stairs could you climb without getting short of breath? CURRENT HEALTH How is your health today? Do you have a coughs or cold? Any shakes or shivers or any fevers recently?						
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;">ASA I Normal/healthy</td> <td style="width: 20%;">ASA II Mild systemic disease not affecting function</td> <td style="width: 20%;">ASA III Severe systemic disease reducing function</td> <td style="width: 20%;">ASA IV Severe systemic disease that is constant threat to life</td> <td style="width: 20%;">ASA V Moribund</td> </tr> </table>		ASA I Normal/healthy	ASA II Mild systemic disease not affecting function	ASA III Severe systemic disease reducing function	ASA IV Severe systemic disease that is constant threat to life	ASA V Moribund	SOCIAL HISTORY Do you smoke? If yes, what and how many? How much alcohol do you drink? Do you take any recreational drugs?
ASA I Normal/healthy	ASA II Mild systemic disease not affecting function	ASA III Severe systemic disease reducing function	ASA IV Severe systemic disease that is constant threat to life	ASA V Moribund			
PREVIOUS GENERAL ANAESTHETICS Have you ever had a general anaesthetic before (where you were put off fully to sleep for an operation)? Were there any problems with the anaesthetics? Do you suffer with motion sickness? Is there any family history of any problems with anaesthetics?		AIRWAY ASSESSMENT Mallampati Please could you open your mouth as wide as you can, now stick out your tongue? (assess teeth at same time) Jaw protrusion Can you put your bottom teeth in front of your top teeth for me please? Neck extension Please could you put your chin onto your chest, and now lift it right up to the sky? Please could you turn your head to put your chin on to each shoulder?					
STARVED When did you last eat and drink anything? What was in the last drink you had?	TEETH Are those your own teeth? Do you have any loose teeth, caps or crowns?						

This is just guidance. Please don't forget to interact and connect with your patients and follow up on things that are said which require more detail to be elicited.