Pre-Operative Assessment Clinic
Aberdeen Royal Infirmary

NHS Grampian

Assessment Type Complex ☐ Non-Complex ☑ Walk in ☐ **Date:** 12/8/24

Section 1 — Surgery Details

Consultant: MR PAYNE
Speciality: ORTHO
Procedure: (R) THR

Name: William Smith
CHI: 0204530206
Address: 11 Abode Terrace, Earthill, Aberdeenshire, AB13 0SP

Place affix patient barcode label here

Urgent ☐ Estimated duration of surgery (hh:mm) 02:00

Consent form completed Y ☐ N ☑

Day of surgery admission Y ☑ N ☐ Why not?

Patient Telephone No: 01224 123456

Expected post-op LoS 3 nights (D = Day case)

Proposed Date (if known)

OPCS4 Code(s): 01/02/2022

Surgical Planning Information

Minimum Grade of Surgeon

Section 2 — Outcome of Pre-Op Assessment

List for surgery ☐ Defer ☑ Not Fit ☐

Unsuitable for out of hours WLI or outside NHSG ☐

Day of Surgery Admission ☑ Day before Surgery Admission ☐ Requires post-op overnight stay ☑

Unsuitable for Remote Theatres, e.g. 202/Level 0 ☐ Unsuitable for Short Stay Theatre ☐ Anaesthetist's recommendations on page 9 ☐

Pharmacist's recommendations on page 8 ☑

Pre-Operative Assessment valid for 3 months, then initial review by phone / clinic.

Completed by (Print and sign) A. Nurse. A. Nurse Date:

Risk Factors

Cardiac ☑
Respiratory ☐
Diabetes insulin ☐ drugs ☑ diet ☐
BMI >40 ☑ <18.5 ☐
Allergies (see p.2) ☐ Latex ☐
Anticoagulants or antiplatelets ☐
Renal eGFR <30 ☐ eGFR 30-60 ☑
>75yrs ☐ PVD ☐ Liver Disease ☐
VTE risk high ☐ med ☐ low ☐
Complex needs ☐
Neuromuscular ☐
Anaemia ☐
Other ☐

Admission & Discharge Planning by POAC Nurse

	Yes	No
Can private transport be arranged for DOS?	☑	☐
Can a responsible adult collect at discharge?	☑	☐
Can a responsible adult stay overnight?	☑	☐
Is the patient looked after by someone else?	☐	☑
Is the patient a carer?	☐	☑
Interpreter required?	☐	☑

Dates Patient Unavailable

No unavailability ☑

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Allergies & Sensitivities	Reactions
Drugs Amlodipine	Ankle swelling
Latex	
Other	

ALWAYS CHECK EMERGENCY CARE SUMMARY

Drug History

See medication recommendations on page 8

DRUG HISTORY - Source(s) of history: Patient ☐ GP ☐ Emergency Care Summary ☐
Relative ☐ Care home prescription ☐ Community pharmacy ☐

DRUGS **NOT** LISTED ON EMERGENCY CARE SUMMARY - ALWAYS CHECK EMERGENCY CARE SUMMARY FOR MEDS

Name (Generic)	Dose	Frequency	Comments
Metformin	500mg	BD	
Co-codamol	30/500mg	QDS	

Is the patient prescribed: Warfarin / Clopidogrel / Aspirin / NSAIDs / Other antiplatelet / Oral Contraceptive Pill?

Are you satisfied this medication history is complete and accurate? **Yes** ☐ **No** ☐

If "no" what further action is necessary (contact GP, etc)?

ALWAYS CHECK EMERGENCY CARE SUMMARY

Observations

Pulse 67 SpO_2 98 %

BP 190/110 185/107 180/110mmHg ☑

Height (m) 1.75 Weight (kg) 98kg

BMI 32 > 40 ☐

Investigations - please follow 2016 NICE guideline (NG45)

	Requested at POAC	Date of last
FBC	☑	
U&Es	☑	
LFTs	☐	
TFTs	☐	
G&S	☐	
Clotting screen	☐	
INR	☐	
HbA_1C	☐	
Latex RAST	☐	

Spirometry

	Patient	Predicted
PEFR		
FEV_1		
FVC		
FEV_1/FVC		

	Requested at POAC	Date of last
ECG	☑	
CXR	☐	
Echocardiogram	☐	

Urinalysis

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Cardiovascular Assessment

	Yes	No
• Hypertension?	✓	
Not on active treatment currently		
• Myocardial Infarcton?		✓
Within the past 6 months?		
• Angina or chest pain?		✓
What brings on the pain?		
Vigorous exercise		
Climbing 1 flight of stairs		
Walking on flat 200 meters } unable due to hip pain		
Walking on flat < 50 meters		
At rest or at night		
• Have you ever been diagnosed with Heart Failure?		✓
i) do you get short of breath at rest?		✓
ii) do you get SOB lying flat?		✓
iii) do you ever wake at night gasping for breath?		✓
• Palpitations / Arrhythmia?		✓
• Syncope/fainting?		✓
• Heart Murmur? (See guidelines for Echos.)		✓
Date of last Echo:		
• History of Rheumatic Fever?		✓
• Cardiac Pacemaker		✓
(Last check <than 9 months ago)		
Implanted cardiac defibrillator/CRTD?		
• Cardiac Surgery?		✓
Within the past year?		
• Coronary Stenting?		✓
Within past 6 months?		
Type of stent? Drug eluting/bare metal/unknown		
• Peripheral Vascular Disease?		✓
• Family history of Ischaemic Heart Disease?		✓

Health Improvement

Smoking		✓
No of Cigarettes per day _____ Smoking Cessation Help: Verbal ☐ Leaflet ☐ Referral ☐		
Alcohol Do you ever drink 6 or more units of alcohol on one occasion?	✓	
> 14 units of alcohol per week		
Alcohol Brief Intervention Completed? ☐ FAST Score 3 or more?		✓
Alcohol Reduction Help: Verbal ✓ Leaflet ☐ Referral ☐		
Recreational Drug Use		
details		

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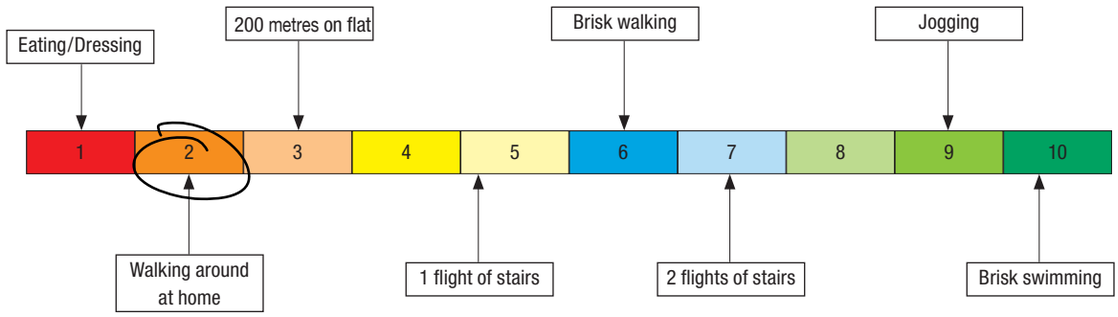
Functional Activity Guide



Estimated METS Score: .....

What prevents further activity?

	Yes	No	Comments
Breathlessness		✓	
Angina		✓	
Arthritis or leg pain	✓		Hip pain
Other		✓	

If the patient has a METS score of less than 5, **excluding** restriction due to arthritis or leg pain, discuss with Doctor.

Respiratory Assessment

		Yes	No
• Asthma			✓
• Chronic Obstructive Pulmonary Disease?			✓
• Tuberculosis? If yes, when?			✓
• Bronchiectasis?			✓
• Further details:	Previous Hospital admission in the last 3 years?		
	Previous Intensive Care admission?		
	Home O_2/nebulisers		
	Uses reliever once a day or more?		
• Symptoms:	Cough?		✓
	Sputum? NO COVID symptoms at POAC		✓
	Haemoptysis?		✓
• Sleep Apnoea?			✓
	Use nocturnal CPAP (bring machine to hospital for surgery)		

	High	Medium	Low
STOP-Bang Questionaire Risk Assessment			✓

	Yes	No
• Other respiratory disease?		✓

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Endocrine Assessment

	Yes	No
• Diabetes Mellitus?	☑	☐
Diet Controlled	☐	
Tablet Controlled	☑	
Insulin Controlled	☐	
HbA1c: > 69mmol/mol	☐	
Date of last test: 29/6/21		
• Hypothyroid?	☐	☑
• Hyperthyroid?	☐	☑

Neurological Assessment

	Yes	No
• Stroke/TIA?	☐	☑
> 12 months ago	☐	
3-12 months ago	☐	
< 3 months ago	☐	

Date:

Details, including residual disability:

• Epilepsy?	☐	☑
Well controlled, last fit > 1 year ago	☐	
Last fit 3-12 months ago	☐	
Poorly controlled/fit within last 3 months	☐	
• Other neurological disease (eg. MS, Muscular Dystrophy)?	☐	☑

Details:

• CJD - Have you ever been contacted as 'at risk of CJD' for public health reasons?	☐	☑
If the surgery is HIGH risk or the answer is YES, answer the other questions.		
Have you or anyone in your family ever suffered from CJD?	☐	☐
Have you ever had treatment with growth hormone or gonadotrophin?	☐	☐
Have you ever had an operation on your brain or spinal cord?	☐	☐

	>3	1 - 3	0
• 4AT Score - Assessment test for delirium and cognitive impairment	☐	☐	☑

Alertness - (0) / 0 / 4 AMT4 - (0) / 1 / 2

Attention - (0) / 1 / 2 Acute change - (0) / 2

	Yes	No
• Complex needs?	☐	☑

Details:

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Other

		Yes	No
• Renal Impairment?		☐	☑
	Chronic Kidney Disease stage 3 (eGFR 30 - 59)	☐	
	Chronic Kidney Disease stage ≥4 (eGFR <30 or Dialysis)	☐	
• Hepatic disease requiring treatment - *details*		☐	☑
• Clotting disorders?		☐	☑
	Easy bruising, prolonged bleeding?	☐	☑
	Thrombophilia	☐	
	Von Williebrand's Disease	☐	
	Haemophilia	☐	
	Previous DVT/PE: > 12 months ago	☐	
	3-12 months ago	☐	
	< 3 months ago	☐	

Further Details: Date:

• Gastro Oesophageal Reflux Disease?		☐	☑
	Dyspepsia only	☐	
	Reflux or heartburn	☐	
	Known Hiatus Hernia	☐	
	Proton Pump Inhibitor (PPI)	☐	☐
	(If have reflux/hiatus hernia prescribe pre-op PPI)		
• Any other medical problems? *details*		☐	☑
• Chronic pain?		☑	☐

Details: co-codamol for hip pain

• Previous Surgery?		☐	☑

Dates:

Details:

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Anaesthetic

	Yes	No
• Any personal or family history of any anaesthetic difficulty or abnormal reaction (excluding post operative nausea & vomiting)?	☐	☑
Malignant Hyperpyrexia	☐	
Difficult Intubation	☐	
Difficult Spinal or Epidural Anaesthetic	☐	☐

Other details:

• Any obvious airway problems? Eg, limited mouth opening, receding chin, reduced neck mobility, previous airway pathology or surgery.	☑	☐
• Do you have any loose teeth, caps/crowns or dentures? *Details*	☐	☐

R upper 2

• History of post op nausea and vomiting (PONV)	☐	☑

General Examination

Jaundice ☐ Anaemia ☐ Cyanosis ☐ Clubbing ☐

Nil of note

Cardiovascular

Pulse Regular ☑ Irregular ☐ - if yes do ECG

ECG: Normal ☑ Abnormal ☐

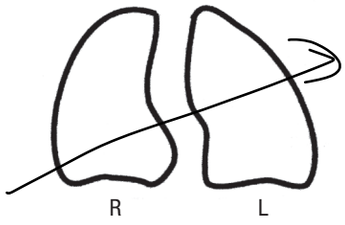
Peripheral oedema: None ☑ Mild ☐ Moderate ☐ Severe ☐

Oedema up to:

Heart sounds: Normal ☑ Abnormal ☐

Details of abnormalities:

Respiratory



Indicate site of abnormal clinical signs

Trachea	Central	☑	Deviated	☐
Chest expansion	Normal	☑	Abnormal	☐
Percussion	Normal	☑	Abnormal	☐
Breath sounds	Normal	☑	Abnormal	☐

Patient Information Leaflets Given

Anaesthesia explained ☑	Your spinal anaesthetic ☑	Preventing blood clots ☑	Healthcare associated infections ☐
Germs. Wash your hands of them. ☑	Before your operation (Major surgery) ☑	Before your operation (Minor surgery) ☐	
Post-op advice leaflet ☑			

Form Completed by (SIGN & PRINT) [signature] A-Nurse POAC

Date: 12/8/21

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POAC Nurse Questions - Please Number

Record date, sign and print name for every entry.

12/8/21 Patient found to be persistently hypertensive at clinic. Not on any active treatment currently. Advised to attend GP for optimisation.

A. Nurse

Medication Recommendations

Record date, sign and print name for every entry.

Anaesthetist's Review

Please review notes and answer specific POAC nurse questions from previous page in this section.
Please tick box on page 1 if additional care recommendations are made.

	Yes	No
Ready to proceed to surgery?	☐	☐

If not, what needs to happen next?	Action completed?
1. Referral to another specialty - specify: _____	☐ ☐
2. Referral to GP	☐ ☐
3. Further investigation - specify: _____	☐ ☐
4. Other: _____	☐ ☐

Admit Day of Surgery? ☐ ☐

If no, please state why they need to be admitted earlier. Only consider anaesthetic reasons and consider if the care could be given by the GP or as an outpatient ward attender.

Anaesthetist's Recommendations

Additional Care Recommendations No additional recommendations ☐

Level 2 Care (HDU) ☐	Level 3 Care (ICU) ☐	Unsuitable for Short Stay Theatre ☐
Consultant Anaesthetist ☐	Trainee at least ST5 ☐	Unsuitable for Short Stay Ward ☐
Not first on list ☐	First on list ☐	Unsuitable for Remote Theatre ☐

Information Sources Reviewed

POAC Record ☐	TrakCare ☐	Old Paper Record ☐
Patient ☐	Relative ☐	Carer ☐

Comments

Date:

Sign and print name

Record date, sign and print name for every entry.

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Anaesthetist's Review

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