

PRE-ADMISSION HEALTH SURVEY SCORING GUIDELINES

* * To be completed for all patients prior to scheduling surgery * *

A. Patients for TIVA anesthesia only who are scheduled for skin lesion excisions, surgery of the extremities (including podiatry), and cataract excision:

1. H&P by surgeon or primary care
2. Do not require clearance
3. Only complete page 1 of the Pre-Admission Health Survey
4. Send reservation and questionnaire
5. Schedule OR

B. Patients with less than 5 on questionnaire sections 3 & 4:

1. H&P by surgeon or primary care or consult
2. Send reservation and questionnaire
3. Schedule OR

C. High Risk or patients with greater than 5 on questionnaire sections 3 & 4:

1. Medical clearance required prior to scheduling OR
2. Send reservation and questionnaire
3. Schedule OR

HIGH RISK

- AAA
- Nephrectomy
- Prostatectomy
- Radical Cystectomy
- Thoracotomy
- Total Joint

SECTION 3 - Yes Answer Point Values

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

SECTION 4 - Yes Answer Point Values

- | | |
|-------------------------------------|------------------------------------|
| 1. <input type="text" value="1"/> | 13. <input type="text" value="5"/> |
| 2. <input type="text" value="3"/> | 14. <input type="text" value="5"/> |
| 3. <input type="text" value="1/2"/> | 15. <input type="text" value="5"/> |
| 4. <input type="text" value="1"/> | 16. <input type="text" value="3"/> |
| 5. <input type="text" value="1"/> | 17. <input type="text" value="5"/> |
| 6. <input type="text" value="4"/> | 18. <input type="text" value="5"/> |
| 7. <input type="text" value="1"/> | 19. <input type="text" value="3"/> |
| 8. <input type="text" value="1"/> | |
| 9. <input type="text" value="2"/> | |
| 10. <input type="text" value="5"/> | |
| 11. <input type="text" value="1"/> | |
| 12. <input type="text" value="1"/> | |