

Name: _____

Date of Birth: _____

SURGICAL RISK STRATIFICATION

Planned Surgery: _____ Date of Service: _____

Anesthesia type: _____ Surgeon: _____

***** PLEASE ATTACH MOST RECENT OFFICE VISIT NOTE OR EMR LETTER AND ANY EKGS OR TESTING. *****

PHYSICAL EXAM:

Vitals: Temp _____ BP _____ HR _____ RR _____ Weight _____ Height _____

Medication Reconciliation: I have reviewed the Medication Reconciliation and made all necessary changes.

Other Recent Data: (i.e. ECHO, Cardiac Cath, PFTs, etc.) _____

Preop Data Reviewed: CBC BMP/CMP PT/PTT US EKG CXR Other _____

RISK FACTORS: (check box if present) - each box checked = 1 factor

Present	RISK FACTOR	Present	RISK FACTOR
<input type="checkbox"/>	CAD: MI or positive stress test in prior 6 mos, or Typical angina symptoms w/o recent stress test	<input type="checkbox"/>	DM: Requiring basal / bolus insulin
<input type="checkbox"/>	CHF: Decompensated HR (i.e. rales, S3 worsening edema)	<input type="checkbox"/>	CKD: Cr >2
<input type="checkbox"/>	CVATIA: Any prior history	<input type="checkbox"/>	Cardiac Valve Disease: (i.e. Severe Aortic Stenosis)
<input type="checkbox"/>	Functional Status: Unable to continuously walk 3 blocks or 1 flight of stairs without shortness of breath or chest pain	<input type="checkbox"/>	Other: (i.e. coagulopathy, severe COPD or sleep apnea, etc) Describe: _____
(0 factor = low risk, ≥ 1 = ELEVATED RISK)		TOTAL # RISK FACTORS:	_____

ANTICOAGULATION RECOMMENDATIONS

- | | |
|---|--|
| <input type="checkbox"/> Apixaban (Eliquis) - stop 2 - 3 days prior to surgery | <input type="checkbox"/> Ticagrelor (Brilinta™) - stop 7 days prior to surgery |
| <input type="checkbox"/> Warfarin (Coumadin®) - stop 5 days prior to surgery | <input type="checkbox"/> Rivaroxaban (Xarelto®) - stop 48 days prior to surgery |
| <input type="checkbox"/> Ticlid (Ticlopidine) - stop 14 days prior to surgery | <input type="checkbox"/> Aspirin and Dipyridamole (Aggrenox®)
- stop 7 days prior to surgery |
| <input type="checkbox"/> Clopidogrel (Plavix®) - stop 7 days prior to surgery | <input type="checkbox"/> Enoxaparin (Lovenox®) - orders given to patient |
| <input type="checkbox"/> Prasugrel (Effient®) - stop 7 days prior to surgery | <input type="checkbox"/> Dabigatran Etxilate (Pradaxa®) - stop 2 - 3 days prior to surgery |
| <input type="checkbox"/> Consult endocrine for order
Insulin pump <ul style="list-style-type: none">● No bolus AM of procedure● Maintain basal rate● Do not remove drug computing sensor/ pump should be left on patient | |

Risk Level (Select One):

- Patient is at low risk (0 above risk factors)
- Patient is at elevated risk and requires the following (studies/interventions/consults) _____
- Patient is at elevated risk and requires no additional interventions due to nature of procedure

Patient May:

- Proceed directly to surgery
- Proceed to surgery and has completed the required additional studies/consults noted above

PHYSICIAN NAME (Print)

Date

Time

PHYSICIAN SIGNATURE

