

Name: _____

Date of Birth: _____

GRAND VIEW HEALTH
700 Lawn Avenue
Sellersville, PA 18960

SURGICAL RISK STRATIFICATION

Date of Surgery: _____

Planned Surgery: _____

Anesthesia type: _____ Surgeon: _____

Delay in return of this form may prompt cancellation of procedure

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 ☐ UA ☐ EKG ☐ CXR ☐ Other _____

ANTICOAGULATION RECOMMENDATIONS

- ☐ Apixaban (Eliquis) - stop 2 - 3 days prior to surgery
- ☐ Warfarin (Coumadin®) - stop 5 days prior to surgery
- ☐ Clopidogrel (Plavix®) - stop 7 days prior to surgery
- ☐ Prasugrel (Effient®) - stop 7 days prior to surgery
- ☐ Consult endocrine for order

Insulin pump

- No bolus AM of procedure
- Maintain basal rate
- Do not remove drug computing sensor/ pump should be left on patient

- ☐ Ticagrelor (Brilinta™) - stop 7 days prior to surgery
- ☐ Rivaroxaban (Xarelto®) - stop 2 - 3 days prior to surgery
- ☐ Aspirin and Dipyridamole (Aggrenox®)
- stop 7 days prior to surgery
- ☐ Enoxaparin (Lovenox®) - orders given to patient
- ☐ Dabigatran Etexilate (Pradaxa®) - stop 2 - 3 days prior to surgery

Risk Level (Select One):

- ☐ Patient is at low risk (0 above risk factors) May proceed to OR.
- ☐ 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. May proceed to OR.

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

- ☐ Patient is medically optimized for procedure.

PHYSICIAN NAME (Print)

Date

Time

PHYSICIAN SIGNATURE



100629