



**WRHA SURGERY PROGRAM**  
**PREOPERATIVE History & Physical Form**

This form must be submitted to site at least 14 days prior to surgery date.  
 Failure to do so may result in cancellation.

ENSURE ALL CONTACT INFORMATION ON BOOKING CARD IS CORRECT.

**PART C – PHYSICAL** (Note any active or unstable system findings)

Height \_\_\_\_\_ cm    Weight \_\_\_\_\_ kg    Body Mass Index (BMI) \_\_\_\_\_    Blood Pressure \_\_\_\_\_    Heart Rate \_\_\_\_\_    SpO<sub>2</sub> \_\_\_\_\_  
 CHEST (other): Rhythm \_\_\_\_\_    Murmurs \_\_\_\_\_    Air Entry \_\_\_\_\_    Adventitious Sounds \_\_\_\_\_  
 HEAD & NECK: \_\_\_\_\_    Neck circumference \_\_\_\_\_ cm  
 ABDOMEN: \_\_\_\_\_    EXTREMITIES: \_\_\_\_\_

**PART D – REVIEW OF SYSTEMS** Please note abnormal findings below and indicate associated code number (e.g. "D3" for Respiratory)

- |                              |       |       |
|------------------------------|-------|-------|
|                              | #     |       |
| D1. Central Nervous System   | _____ | _____ |
| D2. Cardiovascular           | _____ | _____ |
| D3. Respiratory              | _____ | _____ |
| D4. Genitourinary            | _____ | _____ |
| D5. Haematologic & Lymphatic | _____ | _____ |
| D6. Endocrine & Metabolic    | _____ | _____ |
| D7. Gastrointestinal         | _____ | _____ |
| D8. Neuromuscular            | _____ | _____ |
| D9. Dermatologic             | _____ | _____ |
| D10. Other                   | _____ | _____ |

**PART E – OPTIMIZATION**

**Blood Management Service** *If possible, please address with the patient any of the following applicable items to reduce the risk of postoperative complications:*  
 Consult initiated  
*Consider referral if major surgery and anemia, rare blood type, multiple antibodies or patient refuses blood transfusion*  
[www.bestbloodmanitoba.ca](http://www.bestbloodmanitoba.ca) 204-787-1277

<b>Healthy Behaviours</b> • Active lifestyle • Healthy diet	<b>Chronic Diseases Management</b> • Reducing excessive alcohol use • Recreational drug cessation • Smoking cessation	• Diabetes screening/Blood glucose control • COPD/Asthma • Hypercholesterolemia	• Hypertension • Malnutrition • Nutritional Anemias
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**PART F – LABORATORY SCREENING** (patients at least 16 years of age)

Check if indicated test results are attached. *A guideline based app to determine which tests are required is available at: [logixmd.com/preop](http://logixmd.com/preop)*  
**TESTS WITHIN 6 MONTHS OF SURGERY** **CLINICAL JUDGEMENT IS REQUIRED** **GUIDELINE DOES NOT APPLY TO**  
 are valid, provided there has been no interim change in the patient's condition. as additional tests may be appropriate for some patients. patients undergoing cardiac surgery or cesarean section

*Chest X-rays – Not recommended for any surgery except to facilitate diagnosis of new/worsened symptoms, or if ordered by the surgeon in the work up of a malignancy.*

**FOR MINOR SURGERY\***

DO NOT ORDER PREOPERATIVE TESTS in asymptomatic patients.

\* Associated with an expected blood loss of less than 500 mL, minimal fluid shifts and is typically done on an ambulatory basis (day surgery/same day discharge). It includes cataract surgery; breast surgery without reconstruction; laparoscopic cholecystectomy and tubal ligation; and most cutaneous, superficial, endoscopic and arthroscopic procedures.

† Access the complete adult preoperative lab test guideline – including lists of major and minor surgery, at <http://www.wrha.mb.ca/extrane/eipt/EIPT-003.php>

**FOR MAJOR SURGERY\*\* If age (years) is:**

16 - 49: Order CBC. Additional tests may be indicated for comorbid diseases. Consult guideline. ‡  
 50+: Order CBC, ECG, Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>, TCO<sub>2</sub>, CR/eGFR

→ **Major Surgery: Other tests to consider**

- Oral Corticosteroids, DM or BMI greater than 40: add Hemoglobin A1C or fasting plasma glucose.
- Malnutrition, BMI greater than 40, or Liver disease: AST, ALT, Alk Phos, GGT albumin, total and direct bilirubin & INR.
- At high risk for iron deficiency: add serum iron TIBC and Ferritin.
- Thyroid disease: add TSH.

\*\* Associated with an expected blood loss of greater than 500 mL, significant fluid shifts and typically, at least one night in hospital\*. Includes laparoscopic surgery (except cholecystectomy and tubal ligation), open resection of organs, large joint replacements, mastectomy with reconstruction, and spine, thoracic, vascular, or intracranial surgery.

† If the surgery is typically ambulatory but the patient has a medical or social reason for overnight admission (i.e. OSA, no support at home), still consider the surgery minor in determining which lab tests to order.

Examining Provider: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ PRINTED NAME AND DESIGNATION \_\_\_\_\_ Examination Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

It is not necessary to repeat history and physical as no significant change noted in the patient's health status since the last examination.

Examining Provider: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ PRINTED NAME AND DESIGNATION \_\_\_\_\_ Reassessment Date: \_\_\_\_\_

Comments: \_\_\_\_\_