 <p>Winnipeg Regional Health Authority    Office régional de la santé de Winnipeg Caring for Health    À l'écoute de notre santé</p> <p>COMMUNITY HEALTH INFORMATION FORM COMPLETION GUIDELINE</p>	<p><b>Form Name:</b> WRHA Surgery Program PREOP History and Physical</p>	<p><b>Form Number:</b> SAP 325486 (W-00238)</p>
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## 1.0 Form Purpose:

- 1.1 To standardize information being collected for patients preoperatively
- 1.2 Reduce redundancy
- 1.3 Improved flow of information
- 1.4 Improve ease of use for care providers completing the document with EMR
- 1.5 Improve ease of use and compliance with *Preoperative Lab Testing Guidelines*

## 2.0 Definitions:


**Minor surgery:** Corresponds to Category 1 and 2 on the Johns Hopkins Surgical Classification System low risk surgery in the American College of Cardiology Guidelines (Fleisher et al.), and Grade 1 and 2 surgery in the National Institute for Clinical Excellence (NICE) guidelines. It is associated with an expected blood loss of less than 500mL, minimal fluid shifts and is typically performed on an ambulatory basis. Specific examples of minor surgery are provided in PART F of the form, on the Evidence Informed Practice Tool (EIPT) [Algorithm and on the EIPT Appendix B](#).

**Major surgery:** Corresponds to Categories 3, 4 and 5 on the Johns Hopkins Surgical Classification System intermediate and high risk surgery in the American College of Cardiology Guidelines (Fleisher et al.), and Grade 3 and 4 surgery in the NICE guidelines. It is associated with an expected blood loss of greater than 500mL, significant fluid shifts and typically at least one night in hospital. Specific examples of major surgery are provided in PART F of the form, on the [EIPT Algorithm and on the EIPT Appendix B](#).

## 3.0 Used by community, regional and provincial providers:

This document is to be completed by the Primary Care Provider or by the Surgeon for the pre-surgical patient having surgery in any WRHA facility except Children's hospital. It is considered valid for 6 months. If significant changes are noted after completing this document, and prior to surgery, inform the care team. The completed form is used by nurses, physicians, nurse practitioners, pharmacists and other allied health professionals.

Laboratory Screening (Part F) – does **not** apply to pediatric patients under the age of 16 years, patients undergoing cardiac surgery at St. Boniface Hospital and patients undergoing cesarean section.

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#### 4.1 Guidelines for Completion:

##### What's New?

- Reduction in redundancy; eliminating 'double documentation'
- Flow improvement
- Removed elements with little or no value
- Addition of the Optimization Section (Part E)
- Update to the Preoperative Lab Testing section to incorporate the new ['Choosing Wisely' guidelines](#) (Part F)

#### DEMOGRAPHICS

1. **AFFIX LABEL or ADDRESSOGRAPH** to top right corner in place holder on each page. Ensure all contact information on the *booking card* is correct. As a result of the reduction of duplication throughout the document, there will be fewer places to cross check information entered by the same care provider. It is therefore essential to note that the information transcribed is most current.
2. **SELECT** where the document is to be faxed to when completed. This is a minor change, as no documents are to be sent to SLATING- but to either the SURGEON'S office or to the site's Preoperative Assessment Clinic (PAC) department.
3. **DIAGNOSIS, PROPOSED PROCEDURE AND DATE-** Complete as known.

#### PART A- ALERTS


**Note: For each alert (A1 through A9),** mark the box for 'No Not applicable', or 'Yes' as accurate, and provide explanation as applicable.

**A1. Patient Requires a Proxy:** Acknowledge and identify who the proxy is, if known, as well as the **Reason** that a proxy is required.

**A2. Interpreter Required:** Identify the preferred language spoken by the patient and/or if an interpreter is required. See [WRHA policy 10.40.210](#) for Interpreter Services-Language Access.

**A3. Previous Difficult Airway:** If the patient has had a 'previous difficult airway', describe the circumstances of the event, and identify the facility where event occurred, including the date if possible.

**A4. Known/Suspected Obstructive Sleep Apnea:** If 'Yes' is marked- please indicate whether the obstructive sleep apnea is known (diagnosed) or suspected (based on clinical symptoms) by checking the appropriate box.

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If 'Clinically Suspected/Assessment Pending' is selected, note the current status of the Sleep Medicine consult (such as the date it was sent, or the known date of the assessment appointment) or if no consult has been sent, put N/A.

If the patient has already been *formally* diagnosed with obstructive sleep apnea, check 'Diagnosed/Severity' and note severity as per the sleep study, and the Apnea Hypopnea Index if known. Also, indicate if the patient is compliant with using their Continuous Positive Airway Pressure (CPAP) device, or if one was not prescribed, check N/A. 'The Obstructive Sleep Apnea Identification and Risk Assessment in Perioperative Adults' [screening tool](#) is found is available for reference. More information can be found in the [learner package](#).

**A5. Adverse Reaction to Previous Anaesthetic (patient or relative):** If the patient or a relative of the patient has had an adverse reaction to a previous anaesthetic describe the circumstances of the event, and identify the facility where the event occurred, including the date if possible.

**A6. Previous Adverse Reaction to Transfusion:** If the patient has had a previous adverse reaction to transfusion, describe the circumstances of the event, and identify the facility of the event including the date if possible.

**A7. Blood Borne Infections & A8. Other Alerts:** If the patient has Hepatitis B, C or Human Immunodeficiency Virus, please select the appropriate box. If the patient has Methicillin-resistant Staphylococcus aureus, Clostridium difficile, or Tuberculosis- please select the appropriate box. For Tuberculosis, please further indicate if the infection is **Active** or **Latent**. Any concerning alerts not listed may be noted *and described* in the 'Other' box.

**A9. Allergies:** Note allergies and include the reaction with each. If additional space is needed select "see attached" and attach only the necessary information. If the box is selected, and no additional documentation on this alert is received, the receiver should notify the sending office of missing information.


**PART B- HISTORY** Describe usage when 'Yes' is selected, including type, quantity, frequency.

**B1. Tobacco Use:** 'Pack years' is calculated as number of packages of cigarettes per day multiplied times the number of years smoked. For example: a person who has smoked 15 cigarettes a day for 40 years has a  $(15/20 \text{ cigarettes per pack}) \times 40 = 30 \text{ pack-year smoking history}$ .

**B2. Vaporizer/electronic-cigarette use:** As the benefits and health risks of 'vaping' and e-cigarettes are uncertain, please document usage.

**B3. Recreational Drugs:** Describe quantity and frequency as noted.

**B4. Alcohol Consumption:** Describe quantity and frequency as noted.

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**B5. Previous or Current Steroid Therapy:** Note previous or current steroid use within the last 12 months. If steroid therapy is used long term, indicate as such.

**B6. Date of Last Menses:** Indicate last menses cycle, indicating if irregular.

**B7. Pregnancy Test:** Indicate if completed, include test results if applicable.

**B8. Medical History (Indicate stable or acute):** In a focused and succinct manner, note the patient's medical history, indicating both stable and acute issues. If additional space is needed- select "see attached" and attach only the necessary information. *If the box is selected, and no additional documentation on this alert is received, the receiver should notify the sending office of missing information. Do not attach extensive encounter notes.*


**B9. History of Present Illness:** Document the history of the patient's current illness, leading to the required surgery.

**B10. Surgical History:** List previous surgeries with year of procedure. If additional space is needed- select "see attached" and attach only the necessary information. *If the box is selected, and no additional documentation on this alert is received, the receiver should notify the sending office of missing information. Do not attach extensive encounter notes.*

**B11. Medications:** If the patient is not taking any medications select the 'no' option. Otherwise, select 'yes' and list the medications being taken, including over the counter and herbal medications. If a MedRec form is completed select the box, indicating the presence of this sheet. Ensure it is sent with this document to the destination listed on the first page top left (PAC Department or Surgeon's Office). If additional space is needed- select "see attached" and attach only the necessary information. *If the box is selected for either 'See attached' or 'MedRec attached', and no additional documentation on this alert is received, the receiver should notify the sending office of missing information. Do not attach extensive encounter notes.*

#### PART C- PHYSICAL

- Record the requested physical exam findings listed in this section. Where there is no finding or no abnormality, please indicate "none" or "normal".
- Neck circumference should be measured where the collar of a shirt sits, below the larynx.

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## PART D- REVIEW OF SYSTEMS

**NOTE: Comment on abnormal findings in the text area and indicate associated code number (e.g. "D3" for Respiratory). If this section is blank or any systems do not have a corresponding comment, they are understood to have been assessed as normal. There is no need to document on a completely normal review of systems.**

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

To complete this section, indicate the system letter and number (such as D5- referring to the Haematological & Lymphatic system) in the uppermost underline section (under the # sign) and note the abnormalities on the lines available.

## PART E- OPTIMIZATION


**Blood Management Service:** Consult Blood Management Services *as soon as possible* when patients meet the referral criteria which include: surgery with expected high blood loss (greater than 500mL) and one or more of the following: staged procedures, anemic, low body weight (less than 60kg), patients with rare blood type or multiple antibodies, patients that do not accept blood transfusion.

If a consult is initiated, select the box, so that PAC staff can follow up with the service.

[Referral forms](#) and additional information can be found: [www.bestbloodmanitoba.ca](http://www.bestbloodmanitoba.ca) or by calling (204) 787-1277.

*(The website is best accessed through Firefox or Google Chrome).*

If possible address with the patient any of the applicable items below to reduce the risk of perioperative complications.

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### Healthy Behaviors

- ❖ Active lifestyle
- ❖ Healthy diet
- ❖ Reducing excessive alcohol use
- ❖ Recreational drug cessation
- ❖ Smoking cessation


### Chronic Disease Management

- ❖ Diabetes screening/ Blood glucose control
- ❖ COPD/ Asthma
- ❖ Hypercholesterolemia
- ❖ Hypertension
- ❖ Malnutrition
- ❖ Nutritional anemia

## PART F- LABORATORY SCREENING

- This is the quick reference version of the [2016 Algorithm for Preoperative Laboratory Testing](#). It provides clear direction based first on the type of surgery (Minor versus Major surgery), and second on patient factors (age, medical comorbidities, drug therapies, etc.). For patients with stable chronic disease, even if no preoperative tests are indicated by the algorithm, caregivers are still expected to review available paper and electronic records to establish baseline laboratory values. For example, a baseline creatinine and electrolytes in a patient with stable chronic renal insufficiency, or a baseline ECG for a patient with stable ischemic heart disease.
- For patients with complex or uncommon surgical or medical conditions, tests beyond what is suggested in the algorithm may be appropriate.
- Preoperative tests indicated by the algorithm are valid for 6 months provided there has been no interim change in the patient's condition.
- A [web based application](#) is available to provide direction on indicated preoperative tests. It is also accessible through this QR code, and may be saved as a shortcut to your mobile device's home page.



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**Examining Provider:** Complete the data fields as indicated.

**Date of Examination:** Complete the data fields as indicated.

**Address, Phone, and Fax:** Include all contact information.

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

It is understood that by selecting this box, the provider is indicating that the patient has had *no significant change* in their health status from the history and physical performed at an earlier date, and therefore the provider has identified that there is no value in performing a repeat history and physical. This must be resigned and dated. Any minor changes in health status or additional comments may be documented in the comment section.

**5.0 Filing/Routing Instructions:**

Original form to be filed with WRHA Surgery Program. Copies to requestors via preferred method – either electronic or post. This form is available in a printed version, or as an electronic medical record version, which may be electronically submitted (if appropriate and facilities permit) or printed off and submitted physically. Completed form to be filed in the health record as per program guidelines.

**6.0 Printing Instructions:**

Forms may be ordered and printed through WRHA Printing Services or printed as needed directly from WRHA Surgery Program Insite.

**7.0 Authors:**

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