

# Request for Preoperative Cardiac Evaluation

## STEP 1: To be completed by Surgeon's office

Dr. \_\_\_\_\_ (Cardiologist) Date of Request: \_\_\_\_\_

Please evaluate the cardiovascular status and current therapy of this patient in preparation for the proposed surgery.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

Procedure: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Timing of Procedure:  ELECTIVE  SEMI-ELECTIVE  URGENT WakeMed Location:  Raleigh  Cary  North

If necessary, can surgery be performed with patient on antiplatelet therapy?

Aspirin:  Yes  No  Need to discuss

Plavix (clopidogrel), Ticlid (ticlopidine), Effient (prasugrel), Brilinta (ticagrelor):  Yes  No  Need to discuss

Surgeon Signature: \_\_\_\_\_ Surgeon Fax #: \_\_\_\_\_ Surgeon Phone #: \_\_\_\_\_

## STEP 2: To be completed by Cardiologist

Cardiac Functional Studies (PLEASE FAX REPORTS not available in WakeMed electronic medical record with this form):

- No preoperative cardiovascular testing is required  Echocardiogram  
 Stress test  Cardiac catheterization

Perioperative Management Recommendations:

Aspirin	Plavix (clopidogrel), Ticlid (ticlopidine), Effient (prasugrel) or Brilinta (ticagrelor)
<input type="checkbox"/> Must continue throughout perioperative period	<input type="checkbox"/> Must continue throughout perioperative period
<input type="checkbox"/> May be stopped _____ days preoperatively	<input type="checkbox"/> May be stopped _____ days preoperatively
<input type="checkbox"/> Should be restarted immediately post-op	<input type="checkbox"/> Should be restarted immediately post-op
<input type="checkbox"/> May be restarted when deemed safe by surgeon	<input type="checkbox"/> May be restarted when deemed safe by surgeon

Inpatient antiplatelet 'bridging' therapy required for Plavix / Ticlid / Effient / Brilinta cessation - see clinic note for details

Coumadin, Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban):

- May be stopped \_\_\_\_\_ days preoperatively - Does NOT need Heparin/Enoxaparin bridge  
 May be stopped \_\_\_\_\_ days preoperatively - Needs Heparin/Enoxaparin bridge

Pacemaker / ICD: Please complete "Implanted Cardiac Rhythm Device Preoperative Evaluation and Information" form

Other Recommendations or Instructions: \_\_\_\_\_  
\_\_\_\_\_  See clinic note for details

This patient's risk of perioperative cardiac complications with the proposed procedure is:

HIGH  INTERMEDIATE  LOW

This patient's cardiac status is optimized for the proposed procedure:  Yes  No

Cardiologist Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Phone/Pager #: \_\_\_\_\_

## STEP 3: To be completed by Surgeon or Clinical Designee (i.e. RN, NP, PA)

- Once the cardiologist signs Part Two, the surgeon's office is responsible for contacting the patient and giving or confirming instructions for the stop and restart date of all antiplatelet and anticoagulant medications.
- All documentation will be reviewed prior to day of surgery by the anesthesia team.
- Fax this completed form to Pretesting Raleigh: 919-350-7554 Cary: 919-350-2285 North: 919-350-6892

Signature of Surgeon or Designee (RN/NP/PA): \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Label  
placed here

**WakeMed**  
**Request for Preoperative**  
**Cardiac Evaluation**

