

# Request for Preoperative Cardiac Evaluation

<b>Completed by Surgeon's Office</b>	Dr. _____ Date of Request: _____										
	<b>Please evaluate the cardiovascular status and current therapy of this patient in preparation for the proposed surgery.</b>										
	Patient Name: _____ DOB: _____ Date of Procedure: _____										
	Procedure: _____ Surgeon: _____										
	<b>Timing of Procedure:</b> <input type="checkbox"/> ELECTIVE <input type="checkbox"/> SEMI-ELECTIVE <input type="checkbox"/> URGENT <b>WakeMed Location:</b> <input type="checkbox"/> Raleigh <input type="checkbox"/> Cary <input type="checkbox"/> North <b>If necessary, can surgery be performed with patient on antiplatelet therapy?</b> <b>Aspirin:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need to discuss <b>Clopidogrel(Plavix®) / Ticlopidine (Ticlid®) / Prasugrel (Effient®):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need to discuss Surgeon Signature: _____ Surgeon Fax #: _____ Surgeon Tel #: _____										
<b>Completed by Cardiologist</b>	<b>Cardiac Functional Studies (Please fax reports not available in WakeMed electronic medical record with this form):</b> <input type="checkbox"/> No preoperative cardiovascular testing is required <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Stress test <input type="checkbox"/> Cardiac catheterization										
	<b>Perioperative Management Recommendations:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%; text-align: center;">Aspirin</th> <th style="width: 50%; text-align: center;">Clopidogrel (Plavix®), Ticlopidine (Ticlid®) or Prasugrel (Effient®)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Must continue throughout perioperative period</td> <td><input type="checkbox"/> Must continue throughout perioperative period</td> </tr> <tr> <td><input type="checkbox"/> May be stopped ____ days preoperatively</td> <td><input type="checkbox"/> May be stopped ____ days preoperatively</td> </tr> <tr> <td><input type="checkbox"/> Should be restarted immediately post-op</td> <td><input type="checkbox"/> Should be restarted immediately post-op</td> </tr> <tr> <td><input type="checkbox"/> May be restarted when deemed safe by surgeon</td> <td><input type="checkbox"/> May be restarted when deemed safe by surgeon</td> </tr> </tbody> </table>	Aspirin	Clopidogrel (Plavix®), Ticlopidine (Ticlid®) or Prasugrel (Effient®)	<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
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<input type="checkbox"/> <b>Inpatient antiplatelet 'bridging' therapy required for Plavix cessation</b> - see clinic note for details <input type="checkbox"/> <b>Coumadin:</b> <input type="checkbox"/> May be stopped without Heparin/Enoxaparin bridge <input type="checkbox"/> Needs Heparin/Enoxaparin bridge <input type="checkbox"/> <b>Pacemaker / ICD:</b> Please complete "Implanted cardiac rhythm device preoperative evaluation and information" form <input type="checkbox"/> Other Recommendations: _____ <input type="checkbox"/> <b>See clinic note for details</b>											
<p style="text-align: center;"><b>This patient's risk of perioperative cardiac complications with the proposed procedure is:</b></p> <p style="text-align: center;"><input type="checkbox"/> HIGH     <input type="checkbox"/> INTERMEDIATE     <input type="checkbox"/> LOW</p> <p style="text-align: center;"><b>This patient's cardiac status is optimized for the proposed procedure:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> Cardiologist Signature: _____ Telephone/Pager #: _____											
<p style="text-align: center;"><b>Fax this form, cardiology evaluation with pertinent history, and test results to <u>surgeon</u> as soon as possible</b></p> <hr style="width: 80%; margin: 10px auto;"/> <p style="text-align: center;"><b>Surgeon's Office: Fax all documentation to preoperative clinic as soon as possible to avoid delays</b></p> <p style="text-align: center;"><b>WakeMed Raleigh Pre-op Clinic 350-8788 or WakeMed Cary Pre-op Clinic 350-2562</b></p>											

Patient Label  
placed here

**WakeMed**  
Request for Preoperative  
Cardiac Evaluation

