

ANAESTHETIC RECORD

Operation <i>Within:</i> <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> anytime			Date	Name: Date of Birth: Hospital No: NHS No: Consultant:
Anaesthetic assessor(s)			Grade	
Pulse (bpm)	BP (mmHg)	SpO ₂ (%)	Temperature (°C)	
Weight (kg)	Height (m)	BMI (kg/m ²)	ASA Grade 1 2 3 4 5	

PREVIOUS ANAESTHETICS Yes No **ANAESTHETIC PROBLEMS** Yes No

PAST MEDICAL HISTORY

	Yes	No
CVS	<input type="checkbox"/>	<input type="checkbox"/>
RS	<input type="checkbox"/>	<input type="checkbox"/>
Renal	<input type="checkbox"/>	<input type="checkbox"/>
Hepatic	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>
Reflux	<input type="checkbox"/>	<input type="checkbox"/>
Aspiration risk	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>

DRUG HISTORY

ALLERGIES (Details)

AIRWAY ASSESSMENT Predicted problems Yes No Mallampati: Prev Intubation grade:
 Mouth opening Neck Subluxation TMD OSA Snoring Previous DMV or Intubation

DENTITION

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

C = Cap M = Missing

Risk of dental damage discussed

INVESTIGATIONS

Date

FBC Hb	WCC	Plts	Clotting PT	APTT	Fib	INR
U&E Na ⁺	K ⁺	Ur	Cr	eGFR	Glucose	HbA1c
LFT Prot	Alb	Glob	Bili	ALP	ALT	AST
					GGT	

Other bloods:

ECG Yes No

Echocardiograph Yes No

Other tests: