



CRH Request for Preoperative Cardiac Evaluation



6OR

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: _____

Diagnosis: _____

Timing of Procedure: Elective Semi-Elective Urgent Surgery Location: CRMC VB ASC

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

Aspirin : Yes No Need to Discuss

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

Surgeon Signature: _____ Surgeon Phone: _____ Surgeon Fax: _____

Step 2: TO BE COMPLETED BY CARDIOLOGIST

Cardiac Functional Studies (PLEASE FAX REPORTS not available in CRMC/VB ASC electronic medical record with this form):

No preoperative cardiovascular testing is required Echocardiogram Stress Test Cardiac Cath

Aspirin	Plavix (clopidogrel), Ticlid (ticlopidine), Effient (prasugrel), Brillinta (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/Brillinta cessation- see clinic note
- Coumadin, Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban)
 - May be stopped _____ days preoperatively-- Does not need Heparin/Enoxaprin bridge
 - May be stopped _____ days preoperatively—Needs Heparin/Enoxaprin bridge
- Pacemaker/ICD: Please complete "CRMC Outpatient Preoperative Pacemaker/Defibrillator Form"
- Other Recommendations or Instructions: _____

see clinic notes 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: _____ Cardiologist Printed Name: _____

Cardiologist Phone/Pager: _____

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

- Once the Cardiologist signs Part 2, 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 the day of surgery by the anesthesia team.
- Fax this completed form to CRMC PSAT: Fax- 757-312-6297 or VB ASC PSAT: 757-312-6877

Surgeon or Designee (RN, NP, PA) Signature: _____ Time: _____ Date: _____