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Children's Hospital of The King's Daughters, Inc.
601 Children's Lane, Norfolk, VA 23507-1910
Surgical Services

PRE-ANESTHESIA TESTING (P.A.T.) FORM

Patient Label or MRN, Acct#, Patient Name, DOB, Date of Service

☐ Norfolk ☐ Oyster Point ☐ Princess Anne Patient Ht: _____cm Wt: office weight _____kg. DOS weight _____kg. BMI ____%

SECTION I: PATIENT IDENTIFIERS

Pt. Name: FIRST: _____ MIDDLE: _____ LAST: _____

DOB: _____ SEX: ☐M ☐F PATIENT PHONE #: _____ MEDICAL RECORD #: _____

Attending Physician: _____ Phone #: _____

Surgery Date: _____ Dx: _____

Procedure: _____ ☐ Simple ☐ Complex

Patient Status: Outpatient: ☐ ≤ 2hr recovery ☐ 2-5 recovery ☐ 6 hour recovery ☐ Extended or overnight recovery
☐ Admission (To Be Admitted as inpatient following surgery) ☐ Isolation ☐ MRSA ☐ ESBL ☐ _____

Planned level of post-recovery care: ☐ Home ☐ General Care ☐ ECG Monitored Bed ☐ Critical Care (to confirm ICU bed # 668-7331)

Co-Morbidities and Risk Factors:
The patient is followed by one or more of the following specialists on a regular basis: (Check all that apply)
☐ Cardiology ☐ Pulmonary Medicine ☐ Neurology ☐ Nephrology ☐Hematology/Oncology ☐ Endocrinology

Sickle Cell Status: ☐ Unknown ☐ Negative ☐ Trait ☐ Disease ☐ Other (e.g., SC-Hgb) ☐ Requires Special Care Plan
☐ Hydrocephalus / shunt If yes, date of most recent shunt evaluation _____ ☐ Down Syndrome ☐ Evaluate for Cardiac Anesthesia

SECTION II: LABORATORY, RADIOLOGIC AND PHYSIOLOGIC TESTING

☐ NO LAB TESTS
☐ Draw in OR ☐ PT
☐ Hgb & Hct ☐ APTT
☐ CBCA ☐ BMP
☐ Hemogram ☐ CMP
☐ Sickle Cell Prep ☐ Glucose
☐ Urine Pregnancy Test
☐ Other: _____

TRANSFUSION SERVICE:
☐ Type and Screen
☐ Type and Crossmatch for _____ Units PRBC
☐ Directed donation – Contact Transfusion Service (668-7255)
☐ Autologous donation (Parents must prearrange)
Specimen must be collected no more than 5 days prior to surgery.

RADIOLOGY & PHYSIOLOGIC TESTS: (Please call for an appointment when applicable and schedule prior to surgery date)

☐ AP/LAT Chest: _____ ☐ ECG ☐ Echo ☐ Sector Scan ☐ Cardiac Doppler
☐ AP Chest: _____ ☐ Color Flow Doppler 668-7213: _____
☐ Ultrasound (specify) 668-7250: _____ ☐ Other: _____

CONSULTS:
Physical Therapy: ☐ No PT needed ☐ Weight Bearing as Tolerated ☐ Touch Down Bearing ☐ Pre-op PT Ambulation Training
Weight Bearing Status: ☐ Full Weight Bearing ☐ Weight Bearing as Tolerated ☐ Touch Down Bearing ☐ Non Weight Bearing
Crutches: ☐ Patient has crutches ☐ Patient needs crutches
Home Health Needs: ☐ Wheelchair ☐Other _____
Medical: Medical consults should be arranged by the scheduling surgeon / office (LIST): _____

SECTION III: PERIOPERATIVE ANTIBIOTIC PROPHYLAXIS (Antibiotics to be infused 0-60 minutes prior to incision. Vancomycin to be infused 60-120 minutes prior to incision.) ☐ Not Indicated ☐ Indicated (Complete Pre-Op/Intra-Op Prophylactic Antibiotic Order)
Drug Allergies: ☐ No known drug (medication) allergies ☐ Penicillin or derivative ☐ Other allergies _____

SELECT MEDICATION AND DOSE (Consult Pharmacy MED Service (Simon-6337) for renal dosage adjustment)
PHARMACY WILL ADJUST DOSAGE FOR WEIGHT DISCREPANCY >10% ON DAY OF SURGERY
(For NON-Anaphylactic or Urticarial PENICILLIN ALLERGY – USE CEPHALOSPORIN)

Agent	Dose (IV)	Max Dose
☐ Ampicillin	50 mg/kg/dose	2G
☐ CeFAZolin (Ancef®)	30 mg/kg/dose	max 2000 mg for Wt < 120 kg, max 3000 mg for Wt ≥ 120 kg
☐ CefOXitin (Mefoxin®)	40 mg/kg/dose	2G
☐ Clindamycin	10 mg/kg/dose Infuse ≤ 600mg over 20 min Infuse > 600mg over 30 min	900mg
☐ Gentamicin	Peds: 2.5mg/kg/dose Adult: 5 mg/kg/dose	500mg
☐ Vancomycin	15mg/kg/dose	----------
☐ Piperacillin/Tazobactam (Zosyn®)	2-9 month-(piperacillin content) - 80 mg/kg/dose ≥ 9 months – 100mg/kg/dose	3.375G

☐ Cell saver fluids: 3 one liter bags of NS with 30,000 units of heparin per liter for cell saver use ONLY for OR

COMMENTS: _____

Date: _____ Time: _____ PHYSICIAN SIGNATURE: _____, MD

DISTRIBUTION: Make 3 copies of Original- fax 1 copy to Surgery Scheduling at the designated facility, give 1 copy to the Patient, & keep 1 copy in MD office. Send Original with Surgical Consent, H&P, etc. to designated Surgery Scheduling Office