

SAMPLE FORM

Genesys Health System

SURGICAL HISTORY AND PHYSICAL REPORT

Patient: [REDACTED] Account#: [REDACTED] DOB: [REDACTED] Age: [REDACTED]
Height: [REDACTED] Weight: [REDACTED] BMI: [REDACTED]
Admitting Dx: [REDACTED]

ALLERGIES: penicillins , sulfADIAZINE

MEDICAL HISTORY/ROS:

- Cardiovascular History: Chest Pain, Congestive Heart Failure, Coronary Heart Disease, High Blood Pressure, Swollen Feet or Ankles
- Urinary History: Incontinence, Kidney Disease, Urinary Tract Infections, End stage renal disease
- Dialysis Schedule: Monday, Wednesday, Friday
- GI History: GERD (gastric esophageal reflux)
- Hematology History: No Known Problems
- Respiratory History: Pneumonia, Recent Cold/Flu/Sore Throat
- Oncology History: No Known Problems
- Neuro History: Mental Illness, Stroke, Anxiety, Senile Dementia, neuropathy
- Musculoskeletal History: No Known Problems
- Nutrition/Metabolic History: Diabetes Type II
- Do you have or have you ever had a drug resistant Infection (MRSA, VRE, etc)? No
- Other Medical History: Hyperlipidemia, foot ulcers

CORTISONE THERAPY:

- Ongoing Cortisone Therapy in last year: No

ANESTHESIA PROBLEMS:

- Have you or a family member ever had Malignant Hyperthermia or any other problems with anesthesia? No

IMPLANTED DEVICES:

- Do you currently have any implanted devices or tubes? Yes
- Type of implanted device or tube: Dialysis Shunt, Lens Implant, metal plate left hip/ Lt. arm fistula, AV graft RUA

BLOOD TRANSFUSION:

- Previous blood transfusion? No
- Do you object to receiving blood if necessary? No

SKIN:

- Skin Alteration: wound/decubitus/lacerations/etc Redness-See Treatments Flowsheet, Wound-See Treatments Flowsheet
- Skin History: Right, Left, Arm, fistula

PREVIOUS SURGERIES/HOSPITALIZATIONS:

- Prev. surgeries/hospitalizations: hand surgery growth removal
- Prev. surgeries/hospitalizations: metal plate in left hip, 2006
- Prev. surgeries/hospitalizations: fistula
- Prev. surgeries/hospitalizations: UTI w/Sepsis, 2010
- Prev. surgeries/hospitalizations: dialysis shunt, 2010

TOBACCO USE:

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Admitting Dx: [REDACTED]

- Currently use tobacco products? Former Tobacco User, Quit more than 1 year ago

ALCOHOL USE:

- Do you currently drink alcohol (beer, wine, liquor)? No

RECREATIONAL DRUG USE:

- Do you use recreational or street drugs? No

- Listed recreational drugs: NA

ACTIVITY/EXERCISE:

- Mobility/assistive devices used: Wheelchair

- How do you feel after activity/exercise: Fatigue, Weakness

NUTRITION ASSESSMENT:

- Diet followed at home: Renal

- Usual body weight: 154

PAIN HISTORY:

- Do you have a history of pain? (other than chest pain but including chronic pain) Yes

CHEST PAIN:

- Do you have chest pain or discomfort now or a history of chest pain or discomfort? Yes

SENSORY:

- Hearing: Normal

- Vision: Glasses

- Speech: No Problems

HOME MEDICATIONS:

Lasix (Furosemide) 40, mg, By Mouth, Twice every day.

Amaryl (Glimepiride) 2, mg, By Mouth, Every morning, Blood Sugar, Yesterday.

Namenda (Memantine HCL) 5, mg, By Mouth, Daily.

Plavix (Clopidogrel Bisulfate) 75, mg, By Mouth, Daily.

Zestril (Lisinopril) 10, mg, By Mouth, Daily.

Hydrocodone Bitartrate and Acetaminophen (Vicodin ES) 7.5/750, mg, By Mouth, As needed, Once every 4 hours.

Lexapro (Escitalopram Oxalate) 20, mg, By Mouth, Daily.

Risperdal (Risperidone) 0.25, mg, By Mouth, Twice every day, Depression, Unsure.

Isosorbide Dinitrate (Isordil) 60, mg, By Mouth, Daily.

MiraLAX (Polyethylene Glycol 3350 - OTC) 17, gm, By Mouth, Daily.

Tramadol (Ultracet) 50, mg, By Mouth, Twice every day.

Lidocaine Patch 5% (Lidoderm) 5%, Transdermal, 12 hours on, 12 hours off.

Neurontin (Gabapentin) 100, mg, By Mouth, Three times every day.

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Height: [REDACTED] Weight: [REDACTED] BMI: [REDACTED]
Admitting Dx: [REDACTED]

Detrol LA (Tolterodine Tartrate) 2, mg, By Mouth, Daily, Bladder, Unsure.

Nephrocaps (Multivitamin) Tablet, By Mouth, Daily, After dialysis, On dialysis days.

NovoLog (Insulin Aspart [rDNA origin] Inj) Subcutaneous, AS DIRECTED.

See unlisted medication section below .

Pepcid (Famotidine) 20, mg, By Mouth, Daily, Acid Reflux, Yesterday.

The above patient information on the Surgical History and Physical Report was obtained and entered by Preadmission Testing RN(s) on:
3/21/2011

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Height: [REDACTED] Weight: [REDACTED] BMI: [REDACTED]
Admitting Dx: [REDACTED]

I have reviewed and agree with the History portion of the Surgical History and Physical Report.

No interval changes have been noted

Changes noted are listed _____

ANESTHESIA PHYSICAL EXAM

Vital Signs: HR _____ BP _____ RP _____ Temp _____

Heart _____ Lung _____ Airway Class I II III IV

Check box if airway WNL Check box if patient obese (BMI > 30)

ROM Neck Full Limited Teeth Good Chipped Edentulous Poor Caps Dentures

Neurologic Alert and Oriented X3 No Gross Deficits

For Anesthesia Provider:

ASA Physical Status 1 2 3 4 Plan: General MAC Local Epidural Block (Type) _____

Check all tests reviewed: N/A Labs EKG Chest X-ray Medical Clearance Cardiac Clearance

Clinical Findings and Anesthesia Evaluation:

Anesthesia Signature _____ Date: _____ Time: _____

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Height: [REDACTED] Weight: [REDACTED] BME: [REDACTED]
Admitting Dx: [REDACTED]

Demographics

For Surgeon Use

Surgeon's Update and Exam

ALL ATTACHED DOCUMENTS MUST BE DATED WITHIN 30 DAYS OF THE DATE OF SURGERY TO BE VALID.

I have reviewed the Surgical History and Physical Report, attached documents (if applicable) and examined the patient.

- No interval changes from attached office note or History and Physical with HPI and site specific exam
- No interval changes noted from Surgical History Report
- Changes noted are listed below:

If there are no attached documents with valid HPI and Site Specific Exam complete below

REASON FOR SURGERY/PROCEDURE/HPI:

SITE SPECIFIC EXAM:

Surgeon's Signature _____

Date _____

Time _____

END OF REPORT FOR: [REDACTED]



SAMPLE FORM
POST-OPERATIVE NOTE

Pre-Op Diagnosis: _____

Post-op Diagnosis/Gross Findings: _____

Procedure(s): _____

Surgeon: _____ Assistant(s): _____

Anesthesia: General Conscious Sedations Spinal Local

Other _____

Estimated Blood Loss:
Minimal less than 100cc 101 to 250cc Total if greater than 250cc _____

Specimen(s) Removed: None
Specimen(s) _____

Complications: _____

Disposition: _____

Additional Comments: *Patient tolerated anesthesia and procedure well. Pt was transferred to PACU with VSS and VSI to all digits of (L/R) foot. Pt will be discharged per anesthesia protocol*

Signature _____ Date _____ Time _____

SAMPLE FORM

Pt ID sticker



PODIATRY OUTPATIENT DISCHARGE INSTRUCTIONS

- DIET:** Return to your regular diet as soon as you keep liquids down
- Drink water or carbonated beverages (Cola, 7-Up, etc.) as tolerated, up to eight glasses a day
 - Do not drink alcoholic beverages for 24 hours or while on prescription pain meds

ACTIVITY:

- Remain home resting for 48 hours – limit activities to use of bathroom and up for meals **BE LAZY**
- Do not drive or operate machinery, make important personal or business decisions for 24 hours
- Do not drive when taking prescription pain med
- No restrictions Weight bearing to tolerance No weight bearing on _____ for _____
- Always wear surgical shoe whenever walking, take extra precaution not to bump foot
- Keep your surgical foot/leg elevated with 2 pillows when sitting or lying. This will help the healing process

Other: _____

- INCISION CARE:** Do not change dressing, if dressing becomes loose, call the office for an appointment for re-dressing
- Wash your hands before and after touching your surgical foot
 - Keep your foot and dressings **ABSOLUTELY** dry (Wet dressings may lead to skin and bone infections)
 - No showers or tub baths until you have seen your surgeon for a follow-up visit

YOU CAN EXPECT . . .	YOU SHOULD SEEK MEDICAL ATTENTION IF . . .
Bleeding • Small to moderate amount of red drainage is expected • Bruising is common and should fade in 2-3 weeks	Blood is running out of the bandage while your at rest • Apply pressure directly over dressing to stop bleeding • Call your Surgeon for instructions • Do not remove dressing
Swelling <input type="checkbox"/> Ice pack – (Watertight, not leaking) • Ice and elevate 30 min. on, 30 min. off first 24 hours • Then 2-3 times a day for 30 minutes until your appt. • Swelling should reduce in 3-4 days	Excessive Swelling • Increased swelling with foot elevated and ice applied
Discomfort or Pain • Take prescribed pain medication • Take with small amount of food to prevent nausea	Severe Pain / Nausea • Uncontrolled pain or tenderness at incision site • Persistent vomiting
Color and Feeling of Toes • Toes remain pink, and warm to touch • Toes are not numb or tingling	Color and Feeling of Toes • Toes blue and cool to touch • Toes tingling and becoming increasingly numb
Signs of Infection • There should be no signs of infection	Signs of Infections • Redness or warmth at incision site • Yellow, green, or gray drainage • Chills or fever higher than 101°F
If you have further questions, call your Surgeon	If you cannot reach your Doctor, and you need immediate care, Call 911 or go to the nearest Emergency Room.

MEDICATIONS: Medication list reviewed Continue meds as listed Order written to stop/restart meds
 As well as your routine medications, please take the following:

Medication	Dose	Times

Call for appointment with Surgeon _____ Phone _____ When _____

I have been instructed, understand and can verbalize my Home Discharge Instructions.

Patient / Family Member Signature (Relationship) / Significant Other _____ Date _____
PLEASE BRING YOUR MEDICATIONS AND THIS FORM TO YOUR FAMILY DOCTOR ON YOUR NEXT OFFICE VISIT

Physician Signature _____ Date _____ Nurse Signature _____ Date _____

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STAT

GENESYS

REGIONAL MEDICAL CENTER

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PHYSICIAN'S ORDERS

DATE AND TIME MUST BE COMPLETED WHEN ORDER IS WRITTEN

Date:	Time:
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LABEL

PLEASE CHECK THIS BOX IF YOU ANTICIPATE A DISCHARGE IN 48 HOURS.

NOTE: A CHECKED BOX DOES NOT SERVE AS A DISCHARGE ORDER

Do not use these abbreviations: U, IU, QD, QOD, MS, MS04, MgS04, AS, AD, AU, OS, OU, OD, TIW, SS, CC

- ① Rest, Ice, Elevate Right/Left LE
- ② MWB/WBAT Right/Left with Surgical Shoe
- ③ Pain Medication (Vicodin 5/300 take 2 tabs PO every 4 hrs)
- ④ Please dispense Surgical Shoe, PostOP Instructions, Rx
- ⑤ DIC per anesthesia

ORDERED FOR DOCTOR	V & V	NOTED BY - DATE		PHYSICIAN'S SIGNATURE	
WRITTEN BY (TITLE)		TIME	SCANNED	IF VERBAL ORDERS DATE	TIME
RN VERIFICATION SIGNATURE			DATE	TIME	



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SAMPLE FORM

ACT



MRN

PROGRESS RECORD

Date and Time	RECORD: Adequate admission note, progress of case, complications, change in diagnosis, condition on discharge, instructions to patient.
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The following is an example of a Progress Note

Podiatric Medicine & Surgery

③: This y/o male/female was seen bedside resting comfortable. Pt denies N/V/F/Chills/D/SOB. Pt relates pain is /10. Pain is not/well controlled with pain medication. Pt has no other pedal complaints at this time.

④: Vitals: T: T_{max}: BP: R: P: O₂

Physical Exam:

Vasc:

Neural

Musc:

Derm: Wounds - ^{Size 4} Depth, Base (fibrotic, granular), Drainage, +/- mal. Edema/Erythema, Probe to bone, Tracking, undermined Incision - Location, Edema/Erythema/Purulence, Edges (everted)

Labs: Maceration, Drainage

⑤: POD # : s/p

- ⑥:
- 1) Pt seen & examined
 - 2) Continue IV abx (per infectious disease)
 - 3) Continue pain management
 - 4) Ordered radiographs/labs/consults etc.
 - 5) Will discuss with attending and senior resident

Sign: MS III/IV
Pager Number

SAMPLE FORM

CONSULT OR MANAGEMENT

GENESYS
REGIONAL MEDICAL CENTER

Pt ID Sticker

DATE _____ TIME _____

#1 <input type="checkbox"/>	Consult and participate in management Dr. _____ for _____ (diagnosis) Call office. <input type="checkbox"/> AA initials Time _____
#2 <input type="checkbox"/>	Consult and assume entire management, including surgery Dr. _____ Change ADT Attending. Call office. <input type="checkbox"/> AA initials Time _____
#3 <input type="checkbox"/>	Physician to participate Add to ADT as Primary. <input type="checkbox"/> AA initials Time _____

CC: _____

HPI: _____

PMH: _____

Allergies: _____

Medications: _____

Surgical Hx: _____

Social Hx: _____

Family Hx: _____

Vitals: T: _____ T_{max}: _____ BP: _____ P _____ R: _____ O₂: _____

Physical Exam: _____

Vascular: _____

Neuro: _____

Derm: _____

Musc: _____

Radiographs: _____

DIAGNOSIS: _____

RECOMMENDATIONS: _____