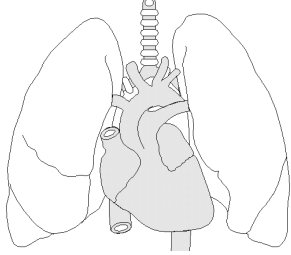


# The General Anaesthetic Assessment

<p><b>Past Anaesthetic History</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Issues with prior anaesthesia</li> <li><input type="checkbox"/> PONV</li> <li><input type="checkbox"/> FHx of issues</li> </ul>	<p><b>Past Surgical History</b></p>	
<p><b>Past Medical History</b></p> <p>Global Function</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> &gt;4 METS</li> </ul> <p>Exercise tolerance</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> </ul> <p>Do you have any medical issues (or on treatment for...)</p> <p>CVS</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IHD</li> <li><input type="checkbox"/> CCF</li> <li><input type="checkbox"/> Valves</li> <li><input type="checkbox"/> Rhythm</li> <li><input type="checkbox"/> PVD</li> <li><input type="checkbox"/> HTN</li> </ul> <p>RESP</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COPD/Asthma</li> <li><input type="checkbox"/> OSA</li> <li><input type="checkbox"/> URTI</li> <li><input type="checkbox"/> Pneumonia</li> <li><input type="checkbox"/> Smoking</li> </ul> <p>OTHER</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Haem</li> <li><input type="checkbox"/> CNS</li> <li><input type="checkbox"/> Renal</li> <li><input type="checkbox"/> Liver</li> <li><input type="checkbox"/> Infection</li> <li><input type="checkbox"/> Rheum</li> </ul>	<p><b>Medications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anticoagulants</li> <li><input type="checkbox"/> Cardiac meds</li> <li><input type="checkbox"/> Resp meds</li> <li><input type="checkbox"/> Steroids</li> <li><input type="checkbox"/> Diabetic meds</li> </ul> <p><b>Allergies</b></p>	
<p><b>Aspiration risk and fasting</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 6hr solids</li> <li><input type="checkbox"/> 2hr liquids</li> <li><input type="checkbox"/> Decreased gastric emptying</li> <li><input type="checkbox"/> GORD</li> </ul>	<p><b>Examination</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Weight</li> <li><input type="checkbox"/> Height</li> <li><input type="checkbox"/> BMI</li> <li><input type="checkbox"/> Vitals</li> <li><input type="checkbox"/> Cardiac and resp</li> </ul> 	
<p><b>Issues</b></p>	<p><b>Airway</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BMV</li> <li><input type="checkbox"/> LMA</li> <li><input type="checkbox"/> ETT</li> </ul> <p>Mallampati Thyromental &gt;6.5 Mouth opening &gt;3 Neck extension Jaw protrusion</p>	
<p><b>Discussion and consent</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Minor</li> <li><input type="checkbox"/> Dental</li> <li><input type="checkbox"/> Life-threatening</li> </ul> <p>Regional</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NV, BP, itch, shiver</li> <li><input type="checkbox"/> Failure</li> <li><input type="checkbox"/> PDPH</li> <li><input type="checkbox"/> Nerve damage - paralysis</li> <li><input type="checkbox"/> Bleed, infection</li> <li><input type="checkbox"/> Life threatening</li> </ul>	<p><b>Investigations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> FBE</li> <li><input type="checkbox"/> UEC</li> <li><input type="checkbox"/> COAGs</li> <li><input type="checkbox"/> GH</li> <li><input type="checkbox"/> Cardiac</li> <li><input type="checkbox"/> Resp</li> </ul> <p><b>Plan</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> GA or Regional</li> <li><input type="checkbox"/> ETT/LMA</li> <li><input type="checkbox"/> Paralysis/spont vent</li> <li><input type="checkbox"/> Extra monitoring</li> <li><input type="checkbox"/> Analgesia</li> <li><input type="checkbox"/> Post op HDU/ICU</li> </ul>	