



**UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES**  
**SAIFAI, ETAWAH - 206130 (U.P.)**

Alerts!

Department of Anaesthesiology  
**Pre Anaesthetic Checkup (Outpatient)**

Blood Group

PAC Sr. No. .... IPD / OPD No. .... Date : .....

Name : ..... Age/Sex : ..... Wt.(Kg)..... Height : ..... BMI : .....

Address : .....

..... Mob. No. ....

Department : ..... Admitted Under : .....

Diagnosis : ..... Name of Operation:.....

Presenting complaints : .....

.....

History of present illness : .....

.....

History of past medical illness : .....

Obstetric History : .....

Medication History : .....

.....

History of allergy : .....

History of anaesthesia & Surgery : .....

**Physical Examination**

General Condition: ..... GCS:..... Pulse..... BP.....

RR : ..... SPO<sub>2</sub> : ..... BHT : ..... METS.....

Pallor : ..... Icterus : ..... Clubbing : ..... Cyanosis : ..... Edema : .....

JVP : ..... LNP : ..... Others : .....

Systemic Examination:

Respiratory:..... Cardiovascular:.....

GIT : ..... Urogenital : .....

CNS:..... Musculoskeletal/Spine:.....

**Airway:**

Mouth Opening :..... Oral hygiene :.....

Mallampati Score :..... Neck Movement :.....

Teeth : Absent  
 Artificial Denture < Fixed Removable < Partial Complete

Loose teeth :..... Buck teeth :.....

Tm Joint :..... TMD .....

Patency of Nares :..... H/O Snoring / OSA :.....

**Investigations:**

Hb		Blood Group		Bilirubin		Urea	
TLC		Urine <sup>R</sup><sub>M</sub>		Direct Indirect		Creatinine	
DLC	N E	L M	Coagulation Profile	PT INR	SGPT	Electrolytes	Na Ca    K Mg
Platelets		BT/CT		SGOT		Amylase	
BI Sugar	R F	PP	S. Protein Total		ALP	S. Albumin S. Globulin	
Viral Markes							
X-ray							
ECG							
ECHO							
PFT							
Others							

**ASA Status** : I/II/III/IV/V/E.....

**Concerns** :  
 .....  
 .....

**Fitness of Anesthesia** : (Provisional) : Y/N

**Preoperative order**

- (1) NPO before ..... hours of Scheduled Surgery.
- (2) Written Informed Consent for Anaesthesia :.....
- (3) Arrangement of Blood if any :.....
- (4) Premedication :.....  
 .....
- (5) Special instructions if any :.....  
 .....  
 .....

**Referred Consultations**

**Review :**

**Name & Sign. of Anesthesiologist**

Date: