Pre-operative assessment

Assessed _____

Surgery _____

Patient	MRN	Weight / height	BMI

Procedure

Procedure _____

Anaesthetist _____

ASA grade _____

Allergies and alerts

Regular medications

Airway, observations and systems

Airway / Mallampati	
Cardiovascular	
Respiratory	
Last meal / fasting plan	

Investigations

FBC / U&E / coag

ECG

Group & save

CXR

Risk and readiness

- [ ] VTE risk assessed, prophylaxis prescribed
- [ ] Consent discussed, to be signed on admission
- [ ] Fit for surgery and general anaesthesia
- [ ] Needs an HDU or ICU bed booking

Signature _____

Date _____

IMC no. _____