

My Ask:

- Collect all elective cases at UBC & VGH which were delayed and cancelled due to inadequate screening and send an email with patient name, MRN, and reason for cancellation or delay to me.
- Additional information:
 - Surgical booking form when was the package received
 - When was the chart reviewed by nursing.
 - If the Grid** was used was it inappropriately completed
 - Was the chart screened by anesthesia
 - Did the patient get referred for an anesthesia consult

62 yr female, advanced ovarian cancer with ascites, Received 3 rounds of chemo, and then had a non-STEMI

604/626-3930
Dr. Ko, Jenny
Pr. 17 Jan 202

at bottom of page.

Patient's Physiological Status	Surgical Category			
	i. Minimally invasive	ii. Minimal to moderately invasive	iii. Moderately to significantly invasive	iv. Highly invasive
1. No organic, physiologic, biochemical or psychiatric disturbance.	<ul style="list-style-type: none"> ENT- Microlaryngoscopy GEN- Dental restorations/ extractions PLAS- Extremities SPINE- Lumbar Discectomy UROL- Cystoscopy VASC- AV Fistula OPHT- Anterior or Posterior Chamber 	<ul style="list-style-type: none"> CRANIAL- Skull lesion ENT- Tonsilectomy, Septorhinoplasty, Sinus Surgery, Otolaryngology GEN- Hernia, MIS Chole, Breast Biopsy, Mastectomy GYNE- D&C, MIS SPINE- ACDF, Laminectomy ORTHO- Arthroscopy URO- TURBT VASC- Vein Stripping, Angioplasty 	<ul style="list-style-type: none"> CRANIAL- Convexity/ superficial Tumor, Epilepsy, DBS ENT- Head and Neck GEN- Open Chole, MIS Bowel/Stomach/ Spleen Resection GYN- Hyst/ Myomectomy ORAL- Maxillofacial ORTHO- Arthroplasty Reconstruction SPINE- Instrumented Fusion < 3 levels UROL- TUPR, Prostatectomy, Nephrectomy VASC- Carotid Endarterectomy, EVAR, Lower Extremity Open Revascularization 	<ul style="list-style-type: none"> ENT- Major Head Neck Resection w/ w/o Reconstruction CARD- Heart Surg CRANIAL- Aneurysm/AVM, SB Base Tumour NEUR- Open Intracranial ORTHO- Complex Joint Revision, Hip and Long Bone Fractures SPIN- Major Adult Deformity, Primary Tumor THOR- Lung Resection, Esophagostomy VASC- Open Aortic Surgery GEN- Open Liver Resection
2. Mild to moderate systemic disturbance. Example: Hypertension, Diabetes, COPD	<input type="checkbox"/> No Pre-Op Visit	<input type="checkbox"/> No Pre-Op Visit	<input checked="" type="checkbox"/> Pre-Op Visit: RN Only	<input type="checkbox"/> Pre-Op Visit: RN, Anesthesia
3. Severe systemic disturbance that limits activity. Example: Heart or Chronic Pulmonary Disease that limits activity, poorly controlled HTN, Diabetes on insulin, Angina, previous MI, OSA, BMI>35	<input type="checkbox"/> No Pre-Op Visit	<input type="checkbox"/> Pre-Op Visit: RN Only	<input type="checkbox"/> Pre-Op Visit: RN Only	<input type="checkbox"/> Pre-Op Visit: RN, Anesthesia
4. Severe systemic disturbance that is life threatening. Example: CHF, Persistent Angina, advanced pulmonary, renal or hepatic dysfunction, recent TIA	<input type="checkbox"/> Pre-Op Visit: RN, Anesthesia	<input type="checkbox"/> Pre-Op Visit: RN, Anesthesia, Internal Medicine	<input type="checkbox"/> Pre-Op Visit: RN, Anesthesia, Internal Medicine	<input type="checkbox"/> Pre-Op Visit: RN, Anesthesia, Internal Medicine
Surgeon Concerns requiring Pre-operative Anesthesiology Consultation:	<input type="checkbox"/> Is the patient medically appropriate for proposed surgery? * <input type="checkbox"/> Difficult pain management <input type="checkbox"/> Refusal of Blood Products <input type="checkbox"/> Anticoagulant Management		<input type="checkbox"/> Coagulopathy <input type="checkbox"/> Previous Anesthetic Difficulties <input type="checkbox"/> Patient requests Anesthesia Consultation <input type="checkbox"/> Is the patient suitable for UBCH? <input type="checkbox"/> Substance use concerns	

Procedure Section

REGIONAL OR BOOKING FORM NO. 9300 P. 2

Site: VGH

Booking Form Received Date: MAR 11 2021 ORMIS #: 5383200

MIDDLE NAME: _____ OR DATE: 17/02/2021

Date of Birth (MM/DD/YYYY): 10/02/1968 Gender: M F

City: IRREP Province: BC Postal Code: V4N 1E7 Country: CANADA

Cell/Other: _____ Local Contact Number: _____

Text Email: _____

First Consult Date (MM/DD/YYYY): 02/09/2021 Ready to Treat Date (MM/DD/YYYY): 02/09/2021

Unavailable To (MM/DD/YYYY): _____ Unavailable Reason: _____

CANCER Not Suspected Suspected Proven
 If cancer proven:
 Has patient been assessed pre-operatively by a multi-disciplinary team? Yes No
 Indicate clinical stage: I II III IV Not Known
 Is this a recurrent cancer? Yes No

/ Information _____

SPECIAL POST OP BED REQUIREMENTS

ICU Bed NCCU (LGH Only)
 High Acuity Unit (PHC Only)
 Overnight Monitoring PAR (PHC & VGH Only)
 SOU Bed (UBCH Only)
 Special Care Unit (VGH Only)

SURGEON _____ ASSIS _____

Nursing Section

PRE-ADMISSION WORKFLOW DOCUMENTATION

Nursing Unit Assistant data collection (date): _____ Signature: _____

Book PAC Anesthesia screen PBMP referral (date): _____

Nursing review (date): MAR 11 2021 Signature: [Signature]

Surgery date: MAR 17/21 Site: VGH UBC OOT

TPAC TPAC Anesthesia screen

PAC - book > 10 days prior to surgery date

Previous Anesthesia consult: _____

Referral initiated: Thrombosis clinic Internal Medicine Consult

PBMP referral (date): _____

Slating Comments: Potential Bridging OSA SOU bed

Pacemaker AICD Signed Blood Refusal

Request Anesthesia Review For:

Short notice booking - No anesthesia appointments available No old health record

Medication orders required Health record not rec

Suitability for UBC? Nursing concern: _____

>1 year readmit - anesthesia rescreening required

Patient History Positive for:

Cardiovascular Renal Chemo (within 3 months)

Respiratory Neurology Spine or RA BMI > 35 17.8

Substance abuse Medications: Coumadin Plavix Methadone

Nursing concern: Methadone, Valproate, Sufentanil, blood UST (R) Renal

Anesthesia Review _____ Date: _____ Printed Name & Signature: _____

PAC required TPAC only Internal Medicine consult

PAC - book > 10 days prior to surgery date

Suitable for UBC: Yes No Reason: _____

Surgeon notified: Yes No (please notify if surgery date < 14 days)

Unable to determine suitability UBC

Please obtain the following information: _____

Interdisciplinary Notes:
