



CPMC Fax
California Pacific Orthopaedics Fax

(415) 600-2020
(415) 592-0002

Urgent For Review Comment Reply

Date:

Attn: Dr.

Re: MEDICAL CLEARANCE FOR SURGERY

Your patient is scheduled for a procedure, and is required by CPMC to be **medically cleared prior to the surgery.**

SURGEON: DR. MARK SCHRUMPF

Patients Name:

Date of Birth:

Facility: **CPMC-MISSION BERNAL CAMPUS**

Surgery Date/Time:

Procedure:

Dear Physician:

Please complete the following tests with respect to stated timelines.

Test(s) required for patient:

- History and Physical Examination** (Within 30 days of surgery date)
- Labs** (Within 30 days of the surgery date) CBC, CMP, PT/INR, HBA1c, UA
- EKG** (Within 1 year of the surgery date)

Please follow one of the three options to clear your patient for surgery.

<p>Option 1: Dictation Line Please refer to Dictation Instructions (Attachment 5) to clear your patient by dictation.</p>	<p>Option 2: H&P Form Please fill the pre-op form (Attachment 2) and fax it to 415592-0002 and 415-600-2020</p>	<p>Option 3: Your Dictation Fax a dictation on your letterhead to 415-592-0002 and 415-600-2020</p>
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Note: Anesthesia testing guidelines (Attachment 3) is provided to support you with the tests that your patient need.

Pre-op/procedure History & Physical (Page 1)

PATIENT:

DATE OF BIRTH:

FACILITY: CPMC-MISSION BERNAL CAMPUS SURGERY DATE:

DIAGNOSIS:

PROCEDURE:

PRESENT ILLNESS/INDICATIONS FOR SURGERY:

CURRENT STATUS OF OTHER ACTIVE
MEDICAL PROBLEMS:

MEDICATIONS:

PMH: _____

HABITS: Tobacco: _____
ETOH _____
Other: _____

HISTORY OF:	YES	NO
Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Adverse Anesthetic Reaction	<input type="checkbox"/>	<input type="checkbox"/>
FH of coagulopathy or Anesthetic reaction	<input type="checkbox"/>	<input type="checkbox"/>

ALLERGIES/REACTION:

PHYSICAL EXAM (Θ = nl)

BP _____ P _____ R _____ WT (lb/kg) _____

HEENT _____
Cardiac _____
Neurological _____

Chest _____
Abdomen _____
Extremity _____

LAB:

Pre-op/procedure History & Physical (Page 2)

IMPRESSION:

RECOMMENDATION:

_____ medically cleared for surgery; no special preoperative measures needed.

_____ medically cleared for surgery; recommend the following preoperative measures:

_____ Recommend deferring surgery pending the following work-up:

Signature: _____

Date/Time: _____

For Questions Related to Your Dictation or Transcription

Contact Sutter Shared Services (S3):

- Physician Inquiry Line (Toll Free):
1-855-398-1641 Option 2
- Email:
S3TranscriptionTeam@sutterhealth.org
- S3 Hours of Operations:
Daily 6:00 A.M. -11:00 P.M.

After Hours Support (After 11 P.M.)

- If unable to dictate, experience dictation cut-off, or have question about dictation ID, facility code, or work type, call Sutter Help Desk @ 1-888-888-6044. Specify "Sutter eScription" and say "Please route ticket to HIM-Rev Cycle Team and request for the ticket to be paged out for patient care."

Voice Recognition Tips:

- Verbalize section headings
- Do not spell out terms
- Helps to say "new paragraph" or enumerate items in a list

Dictation Tips:

- Enter MRN. If unknown, enter 7 zeros (ie: 0000000).
- Dictate Date of Birth and Age if MRN is unknown
- Dictate Patient Name, spelling difficult names
- Dictate Date of Service
- Dictate Work type
- If there are any CC's please state physician's first and last name, spelling any difficult names. If common name, please also specify location and fax if needed.



Dictation Instructions

Toll Free: 1-855-255-5800
Inside Hospital Ext.: 63220
Facility Code: 40 (CPMC)

CPMC-10q (09/16)

Dial-in Instructions

- Dial **1-855-255-5800**.
- Enter your **Facility Code 40**, followed by the # key
- Enter your **Speaker Code**, followed by the # key
- Enter your **Work Type**, followed by the # key
- Enter the **Patient's MRN**, followed by the # key
- **Press 2** to begin dictating
- Begin the dictation after the tone with:
 - Your Name
 - Patient's Name and Spelling
 - Patient's Date of Birth
 - Patient's MRN
 - Patient's Date of Service
 - Work type
 - Any CC's
- To dictate multiple reports, **press 8**, re-enter Work Type and MRN.
- To mark as STAT, **press *** anytime. Wait for alert prompt. **Press 2** to continue.

To Listen to Previous Dictation

- Dial **1-855-255-5800**
 - Enter **Facility Code 40**
 - Enter **Speaker Code**
- Enter # 3 for 'Listen Mode'
 - Press 1 to search by **MRN**
 - Press 2 to search by **Work Type**
 - Press 3 to search by **Dictation Confirmation Number**
 - Press 4 to search by **Account Number**
- Follow Prompts

#	Function	Controls
2	Dictate	Record/Pause
3	Short REW	5 sec REW/Play
4	Fast FWD	5 sec FWD/Play
5	End Report	End/Play Conf #
6	Go To End	FWD to End
7	Go To Begin	REW to Begin
8	Next Report	End/Start New
#	Confirm #	Plays Conf #

Work Types by Facility Code

CPMC (Facility 40)

WT	Description
2	History and Physical
3	Consultation
4	Operative Report
5	Procedure Report
7	Transfer Summary
8	Discharge Summary
9	ED Provider Notes
12	Interim Summary
20	Cardiology Procedure
26	EEG
35	Holter Monitor
39	Tilt Table Test Report
43	GI Endoscopy Report
48	Child Development Services Letter
52	PreOperative H&P
80	Transplant Assessment
81	Transplant Minutes
82	Transplant Letter
83	Outpatient Consultation
84	Outpatient Clinic Note
98	Emergency Medicine Consult

Attachment 3: ANESTHESIA TESTING GUIDELINES

Additional lab testing for individual patients may be indicated at the discretion of the patient's physician. Labs within 30 days provided no acute change in patient's health since labs drawn / no changes in anticoagulation / no new diuretics prescribed *Blood Bank labs must be within 2 weeks provided the patient has not been pregnant or had a transfusion within the past 3 months* EKG within 1 year (provided no cardiac event in the interim).	U/A	CBC	Chem 7 (Na, K, CO ₂ , Cl, Glu, Cr, BUN)	Chem 12 (Chem 7 + ALT, AST, TBl, Tprot, ALPPhos, Ca)	AM Blood Sugar	PT with INR	EKG	Type & Screen *within 2 weeks if no pregnancy or transfusion in past 3 months*	Notes
Patient females ≥60, males ≥55 see #2 below							*		(2)
Healthy patient (any age) Surgery Specific:									
Total Joint Surgery		*						Per Surgeon	
Total Joint Revision		*						T&S	
Posterior spine surgery with or without hardware		*						Per Surgeon	
Anterior approach to Thoracic or Lumbar Spine with or without hardware		*						T&C-2 units	
Lumbar Laminectomies (not discectomy)		*							
Splenectomy		*						T&C-2 units	
Nephrectomy (open, laparoscopic)		*						T&S	
Craniotomy/craniectomy (not cranioplasty or VP shunt)						*		T&S	
Open procedure, major surgery		*						Per Surgeon	(3)
Patient with Medical Illnesses: Anemia (not iron deficiency), Bleeding disorders (some examples: TTP, VWD, hemophilia, factor deficiency)		*							Other labs per PMD/hematologists INR within 24 hours except cardioversions
Anticoagulation with Coumadin		*				*			
Chemo / Radiation RX within 3 months		*							
Cardiovascular Disease (dysrhythmias, CAD, angina, CHF, hx of CABG, PVD, carotid stenosis, hx of arterial surgery, i.e. fem-pop, fem-tib) or history of stroke/TIA		*	*					*	
Diabetes - Oral Meds > 5 years or insulin dependent - Oral Meds ≤ 5 years				*	*			*	
Morbid Obesity, BMI > 40 for more than 5 years AND age > 45					*			*	
Obstructive Sleep Apnea (> 5 years AND age > 40)								*	
Digoxin Use			*					*	(1)
Diuretic Use			*						
Decompensated liver function		*					*	Per Surgeon	(4)
Dialysis dependent		*					*		K ⁺ DOS

1) Patients taking new diuretic < 30 days, taking K⁺ supplements, Hx of hypokalemia/hyperkalemia within 14 days, - K⁺ within 72 hours required. Patients on stable Lasix (furosemide) dose with stable creatinine and potassium - K⁺ within 3 months required. If potassium or creatinine has changed, then K⁺ within 72 hours. Patients on spironolactone for acute treatment who has a negative history - K⁺ within a year required.

2) If patient is without any medical problems, BMI ≤ 30, current nonsmoker, and exercises vigorously 3x / week, EKG after age 65. If patient has any medical problems, EKG for females over age 60 and males over age 55. If patient has BMI > 40 for 5+ years, then EKG for age 45 and older.

3) Major surgery – defined as surgery related to major organ/bone or within major body cavity, i.e. bowel resection, bariatric surgeries, gastrectomy, esophagectomy, thoracotomy, total joints

4) Decompensated liver function: Symptoms include 1. jaundice, 2. ascites, 3. new GI bleeding or easy bruising/bruising (ie: while brushing teeth), 4. increased lethargy, confusion, or altered mental status with lab abnormalities: elevated LFTs, platelets < 100k, INR > 1.5.