



Presidio Surgery Center Fax  
California Pacific Orthopaedics Fax

(866) 422-3581  
(415) 592-0002

Urgent       For Review       Comment       Reply

**Date:**

**Attn:**

**Re: MEDICAL CLEARANCE FOR SURGERY**

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

SURGEON: MARK. SCHRUMPF

Patients Name:

Date of Birth:

Facility:      **PRESIDIO SURGERY CENTER**

Surgery Date:

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 prior to surgery)

**Labs** (Within 30 days prior to surgery) CBC,CMP,PT/INR,UA

**EKG** (Within 1 year of the surgery date)

**Complete Cardiac Clearance** (Within 30 days of surgery date) –PLEASE COMPLETE PACEMAKER FORM (If applicable)

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

<p><b>Option 1: Dictation Line</b> Please refer to Dictation Instructions (Attachment 4) to clear your patient by dictation.</p>	<p><b>Option 2: H&amp;P Form</b> Please fill the pre-op form (Attachment 2) and fax it to 415-592-0002 and 866-422-3581.</p>	<p><b>Option 3: Your Dictation</b> Fax a dictation on your letterhead to 415-592-0002 and 866-422-3581.</p>
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**Pre-op/procedure History & Physical (Page 1)**

DATE:

PATIENT:

DOB:

FACILITY: PRESIDIO SURGERY CENTER

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

Adverse Anesthetic Reaction

FH of coagulopathy or

Anesthetic reaction

ALLERGIES/REACTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*PHYSICAL EXAM (⊖ = nl)*

BP \_\_\_\_\_ P \_\_\_\_\_

R \_\_\_\_\_ WT (lb/kg) \_\_\_\_\_

HEENT \_\_\_\_\_

Chest \_\_\_\_\_

Cardiac \_\_\_\_\_

Abdomen \_\_\_\_\_

Neurological \_\_\_\_\_

Extremity \_\_\_\_\_

LAB:

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

IMPRESSION:

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RECOMMENDATION:

\_\_\_\_\_ medically cleared for surgery; no special preoperative measures needed.

\_\_\_\_\_ medically cleared for surgery; recommend the following preoperative measures:

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\_\_\_\_\_ Recommend deferring surgery pending the following work-up:

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Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**ANESTHESIA TESTING GUIDELINES**

<p>-Additional lab testing for individual patients may be indicated at the discretion of the patient's physician.                      -Labs within <b>30 days</b> providing no acute change in patient's health since labs drawn / no changes in anticoagulation / no new diuretics prescribed                      -EKG within 1 year (provided no cardiac event in the interim).</p>	CBC	Chem 7 (Na, K, CO2, Cl, Glu, Cr, BUN)	Chem 12 (Chem 7 + ALT, AST, TBil, Tprot, AlkPhos, Ca)	AM Blood Sugar	PT with INR	EKG	Notes
<p><b>EKG:</b> Age is not an indicator.                      Patients with history of cardiac disease including, but not limited to uncontrolled HTN, CAD, arrhythmia OSA, Peripheral vascular/chronic renal insufficiency, DM (type 1 or 2), COPD, any symptoms consistent with cardiovascular pulmonary disease</p>						*	
<p><b>CBC: Surgery Specific:</b> Mastectomy, ACDF, Total Joint (hip, knee, shoulder), Uni compartment knee replacement  <b>Medical Conditions:</b> Bleeding disorders (details needed-may not need coags), anticoagulant/antiplatelet Rx medications (PCP to manage), Chemo/Radiation Tx within 3 months of DOS, Cirrhosis active within 3 mos. DOS (check with Med Dir.)</p>	*						
<p><b>CHEM 7/AM Sugar: Medical Conditions</b>  <b>Diabetes:</b> Insulin dependent (<b>Type 1</b>) diabetes: Chem 7 <b>within 30 days</b>; FSBS If <b>Type 2</b> for 10+ years, need Chem 7 <b>within 90 days</b> of surgery; If Type 2 less than 10 years, FSBS only (unless co-morbidities require them).</p>		*					
<p><b>CHEM 7: HTN/Diuretic Use:</b> Any dosing change within 30 days of surgery needs Chem 7 <b>within 48 hours</b> of surgery; Any dosing change within 12 months but greater than 30 days needs Chem 7 <b>w/in 30 days</b></p>		*					
<p><b>PT/INR:</b> INR within 48 hours if Coumadin stopped less than 7 days prior to surgery.</p>					*		
<p><b>Digoxin:</b> need digoxin level within 30 days</p>							Need digoxin level within 30 days
<p><b>Cirrhosis:</b> need full CBC, coags, Chem 12; needs Medical Director approval</p>	*		*		*		
<p><b>POUR (Total Joint patients):</b> Pts w hx of POUR or frequent urination, or prostate issues should consult w PMD for Flomax a few days prior to surgery</p>							
<p><b>Hemochromatosis (Total Joint patients):</b> may need cardiac clearance.</p>							
<p><b>BMI:</b> 1.BMI maximum 40. BMI near 40 will need accurate weight as maybe cx DOS if incorrect. Weight limit 350 lbs.                      ONLY peripheral surgery below hip and below shoulder (no trunk cases) may exceed BMI 40 but will not surpass BMI 45. *1</p>							

<p>2. Patients who are having straight local anesthesia or conscious sedation, may have a BMI up to 50 and/or total weight limit of 350 lbs.</p> <p>3. Pain Management Patients will follow specific selection criteria (see Selection Criteria for PSC Pain Management Patient documents) and may have a BMI up to 51.</p>							
<p><b>GLP-1:</b></p> <ul style="list-style-type: none"> <li>• <b>Oral:</b> hold morning of surgery. *</li> <li>• <b>Injection:</b> Hold weekly injection 7 days prior to DOS. * Hold Daily injection on the DOS. *</li> </ul> <p>*Check with medical director for semi-urgent cases such as fracture cases.</p> <p><b>GLP e.g.:</b> Trulicity (dulaglutide), Bydureon BCise (exenatide), Byetta (Exenatide), Saxenda (liraglutide), Victoza (liraglutide), Adlyxin (lixisenatide), Ozempic (semaglutide), Wegovy (semaglutide), Rybelsus (semaglutide), Mounjaro, Zepbound.</p>							
<p><b>TSH:</b> Patients on TSH medications must have TSH labs within 1 year of DOS.</p>							Must have TSH labs within 1 year of DOS.
<p><b>Peritoneal Dialysis:</b> Must have potassium level within 24 hours of DOS.</p>							Must have potassium level within 24 hours of DOS.
<p><b>Footnotes</b></p>							
<p>1. All patients should be able to ambulate 1 -2 blocks under own power unless involved surgical issue prevents<sup>1</sup></p>							
<p>2. Patient instructed NOT to take Ace inhibitors/ARB's AM of surgery. ACE eg: Quinipril, Acupril, Capoten, Captopril, Enalapril, Benzapril, Lotensin, Fosinopril, Monopril, Prinivil, Remipril, Vasotic, Zestril, Lisinopri; ARB ex: Benicar, Divan, Cozaar, Micardia, Avapro.</p>							
<p>3. Common Oral diabetic Meds: Metformin, Actos, Avandia, Glypizide, Glucophage, Glucotrol, Glyburide, Januvia</p>							
<p>4. Common Diuretics: Lasix, Hydrochlorothiazide, Diovan, Dyazide, Hyzaar, Microzide, Aldactone, Diamox, Spironolactone, Bumex,</p>							
<p>5. Common blood thinners: Xarelto, Pradaxa, Plavix, Eliquis, Effient, Aggrenox, Brilinta. Check with cardiologist &amp; surgeon for recommendations on managing during peri-operative period.</p>							
<p>6. All 23 hour stays need to be cleared by Medical director</p>							

<sup>1</sup>If unable need to clear with Medical Director

To access the voice recorder call **1-800-868-6224**.

1. Enter physician ID (99999) and press #
2. Enter location ID (476) and press #
3. Enter in subject ID and press #
  - ↳ (to bypass press #)
4. Enter *WORK TYPE* and press #
  - ↳ 1 for CHART
  - ↳ 2 for OP
  - ↳ 3 for H&P
  - ↳ 4 for IMAGING
  - ↳ 9 for STAT

### To Dictate

PLEASE state physician name, patient's info, number, date of service, report type, referring physician (if applicable).

- 1 to pause
- 2 to start dictating
- 3 to rewind dictation (couple seconds)
- 4 to review from start (current dictation)
- 5 to save dictation, NEXT
- 6 mark "**PRIORITY**" during dictation, "2" to resume
- 7 to fast forward (couple seconds)
- 8 to save dictation, NEXT (same as 5)
- # #Confirmation number (*during dictation*)
- 9 confirmation number and then disconnect

### To Listen (after dictation is finished and after pressing "5" to save)

Press \*1, then change modes between 1-Dictation to 2-Listen

After mode has been selected ("*listen*") it will ask the dictator to listen by "*subject number*", "*author ID*", and others.

"*Author ID*" will give the last job dictated and goes back from that point.

"*Subject number*" will go to that particular subject number.

After that has been established ("*listen mode*")

- ↳ 1 goes to beginning of dictation
- ↳ 3 goes to end of dictation
- ↳ 4 rewind
- ↳ 5 disconnect
- ↳ 6 fast forward
- ↳ 7 first job
- ↳ 8 next job

"\*1" will give the option to go back to listen mode or dictation mode (pick 1 to return to dictation mode) or hang up if finished.

If there is a STAT dictation needed earlier than the previously arranged time, please notify Surgical Notes of the specific need.