



**BEAUMONT
HOSPITAL**

NeurO-PAS
Neurosurgery Outreach Pre-op ASsessment

Consultant Neurosurgeon:

Planned surgery:

Referring Hospital:

Dept:

Referring Consultant:

Contact:

Patient Details:

Name:

Male:

Female:

DOB:

Age:

Neurosurgical presentation:

GCS:

Seizure? N Y

Details:

Focal deficit? N Y

Details:

Previous stroke / TIA?

N Y

Details:

Other Neurological disease?

N Y

Details:

Previous surgery:

Date:

Anaesthesia issues?

Cardiovascular:

Hypertension? Y N

IHD? Y N

Prev MI?

PCI-stents or CABG?

When? / Where?

Valvular heart disease?

Pacemaker / ICD?

Other cardiac disease?

Respiratory:

Asthma / COPD?

Lung c.a? Y N

Mets? Y N

Previous lung surgery?

Bronchiectasis?

OSA?

Other Respiratory condition?

Endocrine:

Diabetes mellitus? Y N

For how long? Rx: Tablets

Insulin

Thyroid disease? Y N Details:

Other:

Other Medical history:

Details:

Kidney disease? Y N

Liver disease? Y N

Bleeding or clotting disorder? Y N

Previous DVT / PE? Y N

Other:

Medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Aspirin? Plavix? Warfarin? Last taken: _____
NOAC? [please specify] Last taken: _____
LMWH: Last taken: _____
OCP:

Allergies:

Social History:

Cigarette smoker? N Y No. per day: _____
Recreational drug use? N Y Details: _____
Alcohol: iu/wk: _____
Pregnant? N Y NA

Vital signs:

BP: _____ HR: _____ SaO₂: _____ Temp: _____
Weight: _____ Height: _____ BMI: _____
(kgs) (cms)
Functional capacity: METs _____ Independent in ADLs? Y N

Micro screening:

MRSA: -ve +ve Date: _____ Result awaited:
CPE: -ve +ve Date: _____

Anaesthesia notes:

Date:

Further tests:

NEEDS the following tests / investigations on admission:

Type & Screen Other:

NO NEED to repeat the following tests / investigations on admission:

FBC U&E Coag ECG CXR

Medication instructions:

On the morning of surgery:

GIVE:

DO NOT GIVE:

Signature:

Print Name:

IMC:

Notes:

*****NB: Please attach copies of the following investigations:*****

- Bloods: FBC, U+E
- Coag - if applicable,
- TFTs - if applicable
- ECG
- CXR report and /or CT thorax report
- Microbiology screening results
- Cardiac investigations - if applicable [Echo, CMR, Angiogram, Holter]
- Other relevant investigations

