

## CARDIOVASCULAR HISTORY AND PHYSICAL

Date/Time \_\_\_\_\_ Age \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

History of Presenting Illness: (location, quality, severity, duration, timing, context, modifying factors, associated signs & symptoms) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL HISTORY

#### Associated Cardiac Diseases/Sxs

##### Yes No

- Diabetes Rx     Type I     Type II  
Diabetes Control:     Diet     Oral     Insulin     None
- Hypertension
- Hyperlipidemia
- Hypercholesterolemia
- Acute Renal Failure     Dialysis  
(sudden, severe onset)  
Pre Op Cr level \_\_\_\_\_
- Chronic Renal Failure     Dialysis  
(progressive inadequate function)
- Family Hx CAD:     Male < 55 yo     Female < 65 yo  
Type \_\_\_\_\_
- PVD (Hx amputation, claudication, bypass)
- Hx Vein Stripping or Rx
- Congenital Heart Disease -Type \_\_\_\_\_
- Infectious Endocarditis     Treated     Untreated
- Syncope
- Cerebrovascular Dx  
 CVA (Sx > 24 hrs after onset)     Recent / Remote  
 TIA (recovery within 24 hr)     Coma  
 RIND (recovery within 72 hr)     Prior CEA  
 Non invasive carotid test w > 79% occlusion
- Mild COPD  
*FEV 1 60-75% of predicated and/or chronic inhaled or oral bronchodilator therapy*
- Moderate COPD  
*FEV 1 50-59% of predicated, and/or on chronic steroid therapy aimed at lung disease*
- Severe COPD  
*FEV 1 < 50% of predicted, and/or Room Air pO<sub>2</sub> < 60 or PCO<sub>2</sub> > 50.*

Current Referring MD: \_\_\_\_\_ ph # \_\_\_\_\_

Cardiologist: \_\_\_\_\_ ph # \_\_\_\_\_

Primary MD: \_\_\_\_\_ ph # \_\_\_\_\_

#### Cont: Associated Cardiac Diseases/Sxs

##### Yes No

- Tobacco     Current # \_\_\_\_\_ years     Quit     Never
- Illegal Drugs
- Immunosuppression Medication
- ETOH Consumption Frequency \_\_\_\_\_
- Sleep Apnea
- Asthma
- Pneumonia
- Obesity (20 %>ideal wt)
- Morbid Obesity (2X ideal wt - interferes normal activity)
- Liver Disease

#### Non Cardiac Medical History Con't:

| Past Medical Hx | Past Surgical Hx |
|-----------------|------------------|
|                 |                  |
|                 |                  |
|                 |                  |
|                 |                  |
|                 |                  |
|                 |                  |
|                 |                  |
|                 |                  |
|                 |                  |
|                 |                  |

#### Social History:

(family members; occupation; potential limitation post surgery, support system for post-op care)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post-op Care Plan: \_\_\_\_\_

\_\_\_\_\_

#### Family History:

(parents, siblings)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THE HEART HOSPITAL BAYLOR PLANO

**CARDIAC Descriptors**

- STEMI**     **NONSTEMI**
- Myocardial Infarction
- < 6 hrs.
  - 1-7 days
  - 21 days -8 weeks
  - > 1 year
  - < 24 hrs
  - 8-21 days
  - > 8 weeks

- Angina
- Stable (controlled with medication)
  - Unstable Rest Angina; or new-onset (<2mo duration); increasing angina-intensity, duration and/or frequency

- Congestive Heart Failure (DX within 2 weeks prior adm)
- Acute - *Acute dyspnea, hypoxia or low cardiac output*
  - Chronic - *On maintenance drug Rx w/no acute clinical changes*
  - Diastolic (inability of LV relax) (*PCW ≥ 12, EF ≤ 50% by cath or Echo*)
  - Systolic - (inability of LV contract) (*EF ≤ 50%*)
  - Cardiogenic Shock
  - Rheumatic Heart Disease
  - Known Heart Murmur
  - Valvular Heart Disease
  - Pulmonary Hypertension - *Mean PAP ≥ 25mmHg*

- Arrhythmias (check)     None
- Ventricular Fib     Ventricular Tachycardia     A-V Block
  - Atrial Fib     Atrial Flutter     Permanent Pacer
  - Other: \_\_\_\_\_

- NYHA Classification**     I     II     III     IV
- (highest level leading to episode of procedure)
- I - no limits physical ability
  - II - slight limitation - comfortable at rest
  - III - marked limitation of physical activity
  - IV - inability to carry on physical activity w/o discomfort

**Previous CV Intervention?**     Yes     No

Number of Operations Requiring Cardiopulmonary Bypass: \_\_\_\_\_

- CABG     Off pump    or     On pump
- Valve Repair/Replace
  - Aortic     Mitral     Tricuspid     Pulmonic
  - Type Valve Replacement: \_\_\_\_\_

- Other Cardiac:
  - LV     VSD     ASD
  - Congenital     Cardiac Trauma
  - Cardiac TX     Pacemaker
  - AICD     Other
  - Aortic Dissection     Ascending Aortic

- Other Vascular:
  - Aortic Aneurysm:
  - Descending     TAA     Abdominal
  - Cardiac Endarterectomy
  - Other \_\_\_\_\_

- Non-Surgical
  - PTCA/Stent
    - Bare Metal    Date \_\_\_\_\_
    - Drug Eluting    Date \_\_\_\_\_

- Thrombolysis

| Medication                          | Reaction |
|-------------------------------------|----------|
| <b>Medications: Allergies</b> _____ |          |
| _____                               |          |
| _____                               |          |

**Latex Allergy**     Yes     No

| Category of medications<br>(check all that apply) | Home Medications<br>(name, dose, route, frequency for each) | Continue or Hold                                  |
|---|---|---|
| <input type="checkbox"/> Anticoagulants           | _____   | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Lipid lowering           | _____   | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Beta Blocker             | _____   | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> ACE / ARB                | _____   | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Diuretics                | _____   | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> ASA                      | _____   | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Calcium channel blockers | _____   | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Other medication         | _____   | <input type="checkbox"/> <input type="checkbox"/> |

- Vaccines**     Pneumococcal    Date: \_\_\_\_\_
- Yearly Flu                    Date: \_\_\_\_\_

**THE HEART HOSPITAL BAYLOR PLANO**

THHBP-52512 (Rev. 11/10)

**CARDIOVASCULAR HISTORY AND PHYSICAL**

**Review of Systems:**

- Eyes \_\_\_\_\_
- Cardiovascular \_\_\_\_\_
- Heme/Lymphatic \_\_\_\_\_
- Musculoskeletal \_\_\_\_\_
- Skin \_\_\_\_\_
- Psychiatric \_\_\_\_\_
- Genitourinary \_\_\_\_\_
- Pain – chronic or acute \_\_\_\_\_
- ENT/Mouth \_\_\_\_\_
- Respiratory \_\_\_\_\_
- Endocrine \_\_\_\_\_
- Neurologic \_\_\_\_\_
- Gastrointestinal \_\_\_\_\_
- Allergy/Immunologic \_\_\_\_\_

**PHYSICAL Exam:** HT: \_\_\_\_\_ WT: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ T: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

R ulnar intact:  Yes  No L ulnar intact:  Yes  No

**GENERAL APPEARANCE:**  Obese  Thin  Well-nourished  Chronically ill

**RACE:**  African-American  Asian  Caucasian  Hispanic  Other

**HEAD & NECK:** R Bruit  Yes  No L Bruit  Yes  No JVD  Yes  No Mass:  Yes  No

**RESPIRATORY:** Breath Sounds:  Normal  Abnormal Describe: \_\_\_\_\_  
Intercostal Retraction Accessory Muscle Used:  Yes  No  
Wheezes Present:  Yes  No Describe: \_\_\_\_\_

**CARDIOVASCULAR:** Rhythm:  Regular  Irregular Sounds Normal:  Yes  No  
Murmur:  Yes  No If yes, describe: \_\_\_\_\_  
Pulses – 1+ - 4+ \_\_\_\_\_ PMI: \_\_\_\_\_ JVD:  Present  Absent HJR:  Present  Absent  
Legs: Right DP \_\_\_\_\_ PT \_\_\_\_\_ Fem \_\_\_\_\_ Rad \_\_\_\_\_  
Left DP \_\_\_\_\_ PT \_\_\_\_\_ Fem \_\_\_\_\_ Rad \_\_\_\_\_

**GASTROINTESTINAL:**  Distension:  Yes  No Prior Incision:  Yes  No

**SKIN:** Skin/Subcutaneous Abnormality:  Yes  No

**EXTREMITIES:** Peripheral Edema:  Yes  No Any cath complications:  Yes  No

**MUSCULOSKELETAL:** Exam of Gait & Station:  Normal  Abnormal

**NEUROLOGICAL/PSYCHIATRIC:** Time, place, person:  Oriented  Disoriented

CNS or focal neuro deficit:  Yes  No Describe: \_\_\_\_\_

**LABS - test date:** \_\_\_\_\_

HbA1C: \_\_\_\_\_

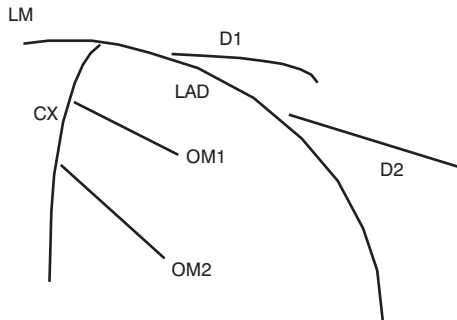
CXR - (masses, effusions, aortic knob)

ECG - (pre op report)

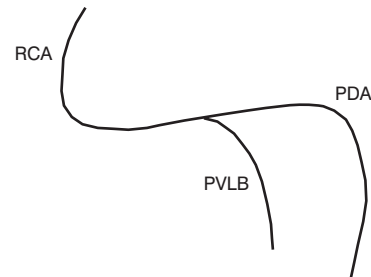


**Cardiac Cath Data - EF %** \_\_\_\_\_ **PA mean** \_\_\_\_\_ **PA systolic** \_\_\_\_\_ **PA diastolic** \_\_\_\_\_

Left Coronary



Right Coronary



**THE HEART HOSPITAL BAYLOR PLANO**

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**CARDIOVASCULAR HISTORY AND PHYSICAL**

Nuclear Study: Date \_\_\_\_\_ Findings \_\_\_\_\_ EF \_\_\_\_\_  
 Echo Study: Date \_\_\_\_\_ Findings \_\_\_\_\_ EF \_\_\_\_\_  
 Wall Motion \_\_\_\_\_

| Valves:              | Aortic _____ | Mitral _____ | Tricuspid _____ | Pulmonic _____ |
|----------------------|--------------|--------------|-----------------|----------------|
| Stenosis: (Y/N)      |              |              |                 |                |
| Insufficiency: (Y/N) |              |              |                 |                |
| Etiology disease:    |              |              |                 |                |
| Mean Gradient:       |              |              |                 |                |
| Other                |              |              |                 |                |

## EVALUATION AND PLANS

**Impression** - (summarize information, Interpret findings of all studies, assign risk)

**Plans** - (generate specific plans by reviewing above information)

- Procedure:
- Timely Extubation  $\leq$  8 hours
- Code Status

**DISCUSSION WITH PATIENT AND FAMILY** - (Risk surgery and Operative Mortality, Complications)

Procedure, indications, alternatives, and risks reviewed with  patient  and family

Patient demonstrates understanding and consents

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*MD/PA/NP Completing H&P*

\* **Day of Surgery:** I have examined the patient and revise and/or confirm the above History, Physical, Exam, Assessment and Plan as per my documentation below.

No Changes to Current Documentation

Patient Examined, Changes: \_\_\_\_\_

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

*Attending MD Signature*

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**CARDIOVASCULAR HISTORY AND PHYSICAL**