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
☐ Pre Op Cr level _________
☐ ☐ Chronic Renal Failure ☐ Dialysis
☐ 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
☐ ☐ Tobacco ☐ Current # _____ years ☐ Quit ☐ Never
☐ ☐ Illeg 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)
CARDIAC Descriptors

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

- **NONSTEMI**
  - Myocardial Infarction: 
    - < 24 hrs
    - < 24 hrs
    - < 24 hrs

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

Valvular Heart Disease

Pulmonary Hypertension - *Mean PAP > 25mmHg*

Arrhythmias (check)  □ None
- **Ventricular Fib**
- **Ventricular Tachycardia**
- **A-V Block**
- **Atrial Fibril**
- **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

Medications: Allergies

- **Latex Allergy**  □ Yes □ No

Category of medications (check all that apply)
- **Anticoagulants**
- **Lipid lowering**
- **Beta Blocker**
- **ACE / ARB**
- **Diuretics**
- **ASA**
- **Calcium channel blockers**
- **Other medication**

Vaccines □ Pneumococcal Date: _______________________
- **Yearly Flu** Date: _______________________

Previous CV Intervention?  □ Yes □ No

Number of Operations Requiring Cardiopulmonary Bypass:
- □ CAGB □ 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 □ Drug Eluting
  - Date ________________________

- □ Thrombolysis

Medication Reaction

- **PTCA/Stent**

- **Thrombolysis**

THE HEART HOSPITAL BAYLOR PLANO
Review of Systems:

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

PHYSICAL Exam:

- 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
- 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 ____________

[Diagrams of heart catheterization]
Nuclear Study: Date ____________ Findings __________________________________________ EF __________
Echo Study: Date ____________ Findings __________________________________________ EF __________
Wall Motion _________________________________________________________________

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<th>Valves:</th>
<th>Aortic</th>
<th>Mitral</th>
<th>Tricuspid</th>
<th>Pulmonic</th>
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<td>Other</td>
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EVALUATION AND PLANS

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

Plans - (generate specific plans by reviewing above information)

- Procedure:
  - Timely Extubation < 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