



**BEAUMONT
HOSPITAL**

NeuroO-PAS
Neurosurgery Outreach Pre-op ASsessment

Admitting Consultant Neurosurgeon:

Planned surgery:

Referring Hospital:

Dept:

Referring Consultant:

Contact no.

Patient Details:

Name:

Male:

Female:

DOB:

Age:

Neurosurgical presentation:

Current 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?

Medical history:

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:

COVID	-ve <input type="checkbox"/>	+ve <input type="checkbox"/>	Date: _____	Result awaited: <input type="checkbox"/>
MRSA:	-ve <input type="checkbox"/>	+ve <input type="checkbox"/>	Date: _____	<input type="checkbox"/>
CPE:	-ve <input type="checkbox"/>	+ve <input type="checkbox"/>	Date: _____	<input type="checkbox"/>

****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, Cardiac MR, Coronary angiogram, Holter)
- Other relevant investigations