

Preanesthesia Evaluation and Testing Center Worksheet

(Not to be placed in medical record)

PETC date: _____

Procedure date: _____

Status: Admission - I&O

Destination: A-GRAM - ERCP - GUOR - NRA - OSC - SAS - C/S
(Outpatient Surgery Center)

Service: _____ **MD:** _____

HUC Initial if received:

_____ H&P

_____ Consent for Operation/
Transfusion

PETC RN (Initial if completed):

_____ Health Assessment Questionnaire

_____ Admission/Assessment Database

_____ Patient Care Plan

_____ EKG

_____ Labs

_____ CXR

_____ T&S done

_____ T&H done _____ # units

_____ Antibody Screening done

Day of Surgery:

_____ AM Anesthesia

_____ Accucheck

_____ T& Screen needs to be done

_____ T& Hold

_____ # U needs

_____ Did not meet protocol

Comments: (for SAS and/or Phone call Nurse)