

POPS Pre-Operative Assessment Proforma

Confidential Patient Information

Patient Label:

The aim of this document is to enable effective patient care provision and is used for: POPS Pre-Operative Assessment & Optimisation Clinic

POPS clinic		Date : ____/____/____
Review date	<input type="checkbox"/> Clinic	Date : ____/____/____
	<input type="checkbox"/> Telephone	Date : ____/____/____
Ward Review		Date : ____/____/____

Patient label:

NURSING ASSESSMENT:

Age:

Consultant/Surgeon:

Proposed Procedure/Surgery:

TCI date:

Source of POPS referral:

Social History

Smoking history:

Alcohol history:

CAGE:

Accommodation: House ☐ Maisonette ☐ Bungalow ☐ Flat ☐ WCF ☐ RH ☐ NH ☐ Other ☐

Owned by:

Stairs (internal or external):

Banisters:

Layout of home:

Living situation (i.e. alone, with family etc):

Does patient have equipment at home?:

ADLS: Washing /dressing:

Meal preparation:

Shopping:

Cleaning/laundry:

Handling finances:

Continence / toileting:

Transfers:

Mobility / aids:

Patient Label:

Is patient receiving social services / community support:

Type:	How often / Contact Number
District Nurse	
Home Help	
Meals on Wheels	
Social Worker	
Community psychiatry nurse	
Other	

Nutrition Screening Tool

	Yes (score)	No (score)
Has the patient <u>unintentionally</u> lost weight in the last 6 months/ or since last assessed? Score 2 if patient has lost >2kg	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)
Has the patient <u>unintentionally</u> been eating less in the last 6 months?	<input type="checkbox"/> (2)	<input type="checkbox"/> (0)
NBM / unable to eat for ≥ 5 days	<input type="checkbox"/> (4)	<input type="checkbox"/> (0)
Total Score		
Score	Action	
0-2	Reassess the patient weekly throughout hospital stay	
4-6	Or BMI $< 19.5 \text{ kg/m}^2$ Tube feeding or parenteral nutrition Grade 3-4 pressure sore	Refer to dietician

Continence Trigger Question

Continence Trigger Question	Yes/No?
Any urinary incontinence?	
Any faecal incontinence?	
Urinary frequency (voids >7 times daily)?	
Urinary urgency?	
Nocturia (need to pass urine ≥ 2 times per night)?	
Voiding difficulty (hesitancy, straining, poor stream)?	
Urinary tract infections in last 3 months?	
Persistent constipation?	
Identified reason for urinary catheter to be in place?	
Action: Please complete PVRV if patient answers 'Yes' to any of the urinary trigger questions above	

Patient Label:

Pulse Rate: Respiratory Rate: Oxygen Saturations: Temperature:

Blood Pressure: Lying: Standing: Standing: Standing:
(immediately) (1 minute) (3 minutes)

Weight: kg (>160kg=bariatric) Height: cm BMI: kg/m² (>40=bariatric)

BM: ECG: ☐ MRSA swabs: ☐

Post Void Residual Volume (PVRV): Urinalysis:

MSU sent ☐

Timed Up And Go (TUAG): seconds Gait speed: m/s

Time taken to walk 10m: seconds (to calculate speed 10 ÷ time in seconds)

Nutritional screen:

Spirometry:

	Attempt 1	%	Attempt 2	%	Attempt 3	%
PEFR						
FEV1						
FVC						
FEV1/FVC ratio						

Nottingham Extended Activities Daily Living Score (NEADL):
(patient to self complete if able)

Hospital Anxiety and Depression Score (HADS): A= D=
(patient to self complete if able)

Edmonton Frail Scale (EFS):
(doctor, CNS to complete with exception of clock drawing and TUAG)

Patient label:

Clock Drawing:

Instruct the patient to;

Draw a clock face

Place the numbers on it

Set the time at ten minutes past eleven

Patient label:

Edmonton Frail Scale				Score:
				17
Frailty Domain	Item	0 points	1 point	2 points
Cognition	Clock drawing	No errors	Minor spacing errors	Other errors
General health status	In the past year, how many times have you been admitted to a hospital?	0	1-2	≥ 2
	In general, how would you describe your health?	'Excellent' 'Very good' 'Good'	'Fair'	'Poor'
Functional independence	With how many of the following activities do you require help? (meal preparation, shopping, transportation, telephone, housekeeping, laundry, managing money, taking medications)	0-1	2-4	5-8
Social support	When you need help can you count on someone who is willing and able to meet your needs?	Always	Sometimes	Never
Medication use	Do you use five or more different prescription medications on a regular basis?	No	Yes	-
	At times, do you forget to take your prescription medications?	No	Yes	-
Nutrition	Have you recently lost weight such that your clothing has become looser?	No	Yes	-
Mood	Do you often feel sad or depressed?	No	Yes	-
Continence	Do you have a problem with losing control of urine when you don't want to?	No	Yes	-
Functional performance	Timed up and go	0-10 s	11-20s	>20 s Unwilling/unable
Total:				

Patient label:

Medication history

Medicine	Dose	How often is this taken? (including times if relevant)

ALLERGIES - Source of information Patient <input type="checkbox"/> Other <input type="checkbox"/>	Details of reaction
<input type="checkbox"/> None	
<input type="checkbox"/> Latex	
<input type="checkbox"/> Food	
<input type="checkbox"/> Medication – which?	
Does patient use a dosette box?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient label:

MEDICAL / CNS ASSESSMENT:

Past Medical and Surgical History:

Patient label:

Past Medical and Surgical History cont'd:

Patient label:

Functional status

Exercise tolerance:

**Exercise tolerance in METS
expended per hour:**

2	Light gardening / walking slowly	6	Moving heavy objects
3	Vacuuming / walking at average pace	7	Swimming
4	Weeding garden / climbing stairs	8-10	Running
5	Mowing lawn / brisk walking		

SYSTEMS REVIEW

Patient label:

EXAMINATION :

General Condition:

Cardiovascular:

JVP

Oedema

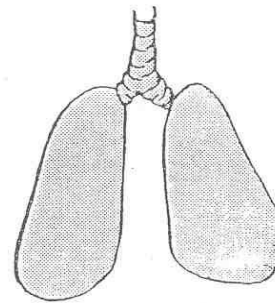
Apex

HS: I II

Extra Sounds

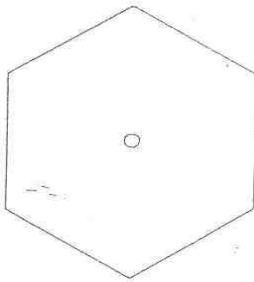
Murmurs

Respiratory:



PR:

Gastro-Intestinal



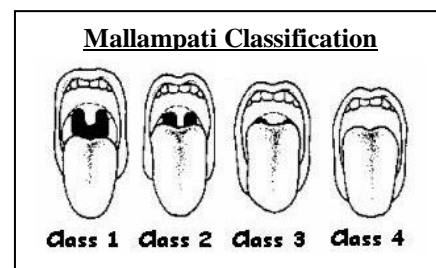
C-spine:

Extension / Flexion
Rotation

Cognition:

MMSE/MoCA score:

Airway



Patient label:

Impression and Plan	
Issue	Plan
1.	
2.	
3.	
4.	
5.	
6.	

Investigation	Investigations
FBC	TSH
Urea	Haematinics
Renal profile	HbA1c
Coagulation	Haemoglobinopathy
Liver Profile	BNP
GGT	MSU
Bone profile	X-rays
Group and save	Specialist investigations
Other	Other

Patient label:

Outcomes

- ☐ Proceed with surgery without further input
- ☐ Not to be given date for surgery until following completed
 - ☐ Anaesthetic review
 - ☐ GP review
 - ☐ Speciality medicine review
 - ☐ Which speciality
 - ☐ GSTT
 - ☐ Local to patient
 - ☐ Awaiting result of email correspondence
 - ☐ Undergoing investigations
 - ☐ Patient has further discussion with surgeon
- ☐ Appropriate for SAL
 - ☐ Hospital hotel Guy's
 - ☐ Hospital hotel St Thomas'
- ☐ LOS discussed
 - ☐ Predicted LOS given
- ☐ Referrals
 - ☐ Pain team
 - ☐ Pharmacy
 - ☐ Anticoagulation clinic
 - ☐ GSTT
 - ☐ Local to patient
 - ☐ Occupational therapist
 - ☐ Discharge nurse specialist
 - ☐ Social worker
 - ☐ Smoking cessation
- ☐ Proposed surgery declined
 - ☐ Patient declining
 - ☐ Patient wishes to discuss further with surgeon
 - ☐ No longer indicated
- ☐ Other

Information provided to patient

- ☐ Procedure specific information
- ☐ Fasting guidelines and anaesthetic booklet
- ☐ Hospital admission booklet
- ☐ Surgical admission lounge leaflet
- ☐ Leaflet highlighting medications to be stopped
- ☐ Antiplatelet leaflet
- ☐ Anticoagulant leaflet
- ☐ Diabetes leaflet
- ☐ Delirium leaflet
- ☐ Other.....
- ☐ Medication Green Bag given

Name of Dr/CNS

Signature

Patient label:

NEADL Functional Score

For patient to complete

The Following questions are about everyday activities. Please answer by circling ONE box for each question. Please record what you have actually done in the past few weeks.

Do you.....?

	Not at all	With help	On your own with difficulty	On your own easily
1. Walk around outside?	0	1	2	3
2. Climb stairs?	0	1	2	3
3. Get in and out of a car?	0	1	2	3
4. Walk over uneven ground?	0	1	2	3
5. Cross roads?	0	1	2	3
6. Travel on public transport?	0	1	2	3
7. Manage to feed yourself?	0	1	2	3
8. Manage to make yourself a hot drink?	0	1	2	3
9. Take hot drinks from one room to another?	0	1	2	3
10. Do the washing up?	0	1	2	3
11. Make yourself a hot snack?	0	1	2	3
12. Manage your own money when you're out?	0	1	2	3
13. Wash small items of clothing?	0	1	2	3

Patient label:

14. Do your own housework? 0 1 2 3

15. Do your own shopping? 0 1 2 3

16. Do a full clothes wash? 0 1 2 3

17. Read newspapers or books? 0 1 2 3

18. Use the telephone? 0 1 2 3

19. Write letters? 0 1 2 3

20. Go out socially? 0 1 2 3

21. Manage your own garden? 0 1 2 3

22. Drive a car? 0 1 2 3

Section below for nursing staff to complete

Multiply the score by the number of times an answer is given to give the sub total

Score	Multiplied by	Number of times	Sub - Total
0	X		0
1	X		
2	X		
3	X		

Add subtotals together to obtain final score

Total (out of 66) = _____

Patient label:

Hospital Anxiety and Depression Scale (HADS)	
A <i>'I feel tense or wound up</i>	Score
Most of the time	3
A lot of the time	2
From time to time occasionally	1
Not at all	0
D <i>'I still enjoy the things I used to enjoy'</i>	Score
Definitely as much	0
Not quite so much	1
Only a little	2
Hardly at all	3
A <i>'I get a sort of frightened feeling as if something awful is about to happen'</i>	Score
Very definitely and quite badly	3
Yes but not too badly	2
A little it it doesn't worry me	1
Not at all	0
D <i>'I can laugh and see the funny side of things'</i>	Score
As much as I always could	0
Not quite so much now	1
Definitely not so much now	2
Not at all	3
A <i>'Worrying thought go through my mind'</i>	Score
A great deal of the time	3
A lot of the time	2
From time to time but not too often	1
Only occasionally	0
D <i>'I feel cheerful'</i>	Score
Not at all	3
Not often	2
Sometimes	1
Most of the time	0
A <i>'I can sit at ease and feel relaxed'</i>	Score
Definitely	0
Usually	1
Not often	2
Not at all	3

Patient label:

D <i>'I feel as if I'm slowed down'</i>	Score
Nearly all of the time	3
Very often	2
Sometimes	1
Not at all	0
A <i>'I get a sort of frightened feeling like butterflies in the stomach'</i>	Score
Not at all	0
Occasionally	1
Quite often	2
Very often	3
D <i>'I have lost interest in my appearance'</i>	Score
Definitely	3
I don't take as much care as I should	2
I may not take quite as much care	1
I take just as much care as ever	0
A <i>'I feel restless as if I have to be on the move'</i>	Score
Very much indeed	3
Quite a lot	2
Not very much	1
Not at all	0
D <i>'I look forward with enjoyment to things'</i>	Score
As much as I ever did	0
Rather less than I used to	1
Definitely less than I used to	2
Hardly at all	3
A <i>'I get sudden feelings of panic'</i>	Score
Very often indeed	3
Quite often	2
Not very often	1
Not at all	0
D <i>'I can enjoy a good book or radio or TV programme'</i>	Score
Often	0
Sometimes	1
Not very often	2
Very seldom	3