

## 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 of clinic :** \_\_\_/\_\_\_/\_\_\_

**Assessing nurse/HCA's name:** \_\_\_\_\_

**Assessing clinician's name:** \_\_\_\_\_

**Surgical procedure:**

**Indication for surgery:**

**Consultant/Surgeon:**

**Source of POPS referral:**

**TCI date:**

Patient Label:

**Details of surgical condition**

**Medication History**

Does patient use a dosette box? Yes  No

Medicine	Dose	Frequency - plus timings if relevant

**Allergies and Reaction**

None  Latex Yes  No  Food Yes  No

**Medication**

Patient Label:

### CGA Assessment Scores

<b>Edmonton Frail Scale (EFS):</b> /17	<b>Hospital Anxiety &amp; Depression Score (HADS):</b> A=    D=			
<b>Nutritional screen:</b> <i>If bariatric flag in letter &amp; to surgical admissions</i>	<b>Weight:</b> kg >140kg = bariatric	<b>Height:</b> cm	<b>BMI:</b> kg/m <sup>2</sup> >40 = bariatric	
<b>MoCA:</b> /30	<b>Nottingham Extended Activities Daily Living Score (NEADL):</b> /66			
<b>Time taken to walk 4m:</b>	<b>seconds</b>	<b>Gait speed (4 ÷ secs to walk 4m):</b>	<b>m/s</b>	
<b>Timed Up And Go (TUAG):</b>	<b>seconds</b>	<b>Observed or reported exercise tolerance:</b>		
<b>Exercise tolerance in metabolic equivalents (METs) / per hour:</b>	<b>2</b>	Light gardening / walking slowly	<b>6</b>	Moving heavy objects
	<b>3</b>	Vacuuming / walking average pace	<b>7</b>	Swimming
	<b>4</b>	Weeding garden / climbing stairs	<b>8+</b>	Running
	<b>5</b>	Mowing lawn / brisk walking		

### Continence Trigger Question

Action - complete PVRV if 'Yes' to any below	Yes/No
Any urinary incontinence?	
Any faecal incontinence?	
Urinary frequency: voids >7 times daily?	
Urinary urgency?	
Nocturia: need to pass urine ≥2 times nightly?	
Voiding difficulty: hesitancy, straining, poor stream?	
Urinary tract infections in last 3 months?	
Persistent constipation?	
Identified reason for urinary catheter to be in place?	

### SORT

<a href="http://www.sortsurgery.com">http://www.sortsurgery.com</a>	
<b>Mortality:</b>	<b>%</b>

### Investigations

<b>CBG:</b>	<b>ECG:</b> <input type="checkbox"/>	<b>MRSA swabs:</b> <input type="checkbox"/>	<b>Urinalysis:</b>	<b>Post void residual volume (PVRV):</b> mls		
<b>Pulse Rate</b>	<b>Respiratory Rate</b>		<b>Saturations</b>	<b>Temperature</b>		
<b>Blood pressure - Lying</b>	<b>Standing Immediately</b>	<b>Standing 1 minute</b>		<b>Standing 3 minutes</b>		
<b>Spirometry</b>	<b>Attempt 1</b>	<b>%</b>	<b>Attempt 2</b>	<b>%</b>	<b>Attempt 3</b>	<b>%</b>
<b>PEFR</b>		<b>x</b>		<b>x</b>		<b>x</b>
<b>FEV1</b>						
<b>FVC</b>		<b>x</b>		<b>x</b>		<b>x</b>
<b>FEV1/FVC</b>	<b>x</b>				<b>x</b>	

Patient Label:

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

<b>Social Services / Community Support:</b>	
	How often / Contact Number
District Nurse	
Home Help	
Meals on Wheels	
Social Worker	
Community psychiatry nurse	
Other	

<b>Social History</b>	
<b>Accommodation:</b> House <input type="checkbox"/> Maisonette <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> Warden controlled <input type="checkbox"/> RH <input type="checkbox"/> NH <input type="checkbox"/>	
<b>Owned by:</b>	
<b>Living situation:</b> Alone: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Driving:</b>
<b>Layout of home:</b>	
<b>Stairs (internal or external):</b> <b>Banisters:</b>	
<b>Activities of Daily Living</b>	
Washing / dressing:	Meal preparation:
Shopping:	Cleaning/laundry:
Handling finances:	Continence / toileting:
Transfers:	Mobility / aids:
<b>Dependencies</b>	
<b>Smoking history:</b> Smoking cessation referral <input type="checkbox"/> Nicotine replacement <input type="checkbox"/>	<b>Alcohol history:</b> Alcohol liaison referral <input type="checkbox"/> Discuss withdrawal <input type="checkbox"/>

Patient Label:

**Past Medical and Surgical History**

Patient Label:

**Past Medical and Surgical History**

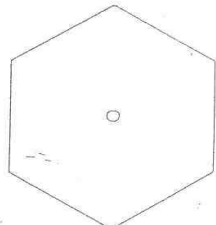
**Examination**

**General Condition:**

**Cardiovascular:**

- Heart sounds
- Murmurs
- JVP
- Oedema

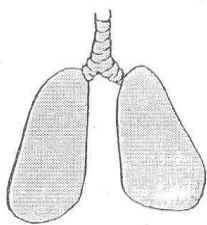
**Abdominal:**



Digital rectal exam:

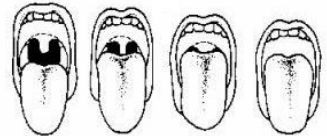
**Neuro/gait:**

**Respiratory:**



**Airway:**

**Mallampati Classification**



**Class 1 Class 2 Class 3 Class 4**

- C-spine:
  - extension/flexion
  - rotation

**Skin:**

- Sacrum
- Heels

Patient Label:

<b>Edmonton Frail Scale</b>				<b>Score:</b>
				<b>17</b>
<i>Frailty Domain</i>	<i>Item</i>	<i>0 points</i>	<i>1 point</i>	<i>2 points</i>
<b>Cognition</b>	Clock drawing	No errors	Minor spacing errors	Other errors
<b>General health status</b>	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'
<b>Functional independence</b>	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
<b>Social support</b>	When you need help can you count on someone who is willing and able to meet your needs?	Always	Sometimes	Never
<b>Medication use</b>	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	-
<b>Nutrition</b>	Have you recently lost weight such that your clothing has become looser?	No	Yes	-
<b>Mood</b>	Do you often feel sad or depressed?	No	Yes	-
<b>Continence</b>	Do you have a problem with losing control of urine when you don't want to?	No	Yes	-
<b>Functional performance</b>	Timed up and go	0-10 s	11-20s	>20 s Unwilling/unable
<b>Total:</b>				

Patient Label:

**Impression and Plan**

Issue	Optimisation Plan
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

**Optimisation Checklist**

Decision documented & patient informed	GTi Guidance
Diabetic medication	Perioperative management of diabetes mellitus medicines
Anti-hypertensives	<i>In development</i>
Antiplatelets	<i>In development</i>
Anticoagulation bridging	Perioperative bridging of warfarin in adult patients undergoing elective surgery.
NOAC cessation	Perioperative Bridging of New Oral Anticoagulants in Adult Patients.
Pacemaker/ICD	<i>In development</i>
<b>Vascular</b>	
Open AAA	Refer to pathway for specialist investigations
<b>Urology and Orthopaedics</b>	
MSU sent	Ensure positive result discussed for treatment - even if asymptomatic
<b>Gastro</b>	
Enhanced recovery patients (cancer)	See pathway including for preoperative drinks and admission



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

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

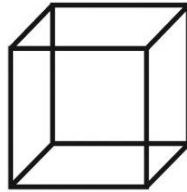
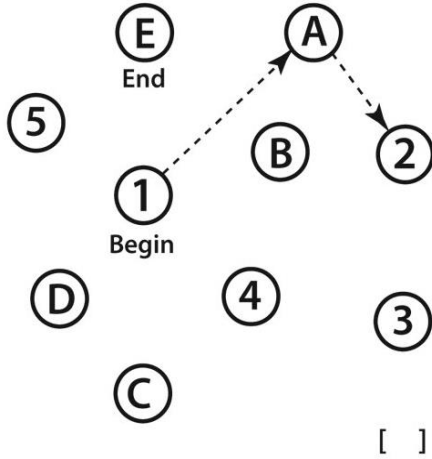
Patient Label:

<b>D</b> <i>'I feel as if I'm slowed down'</i>	<b>Score</b>
Nearly all of the time	3
Very often	2
Sometimes	1
Not at all	0
<b>A</b> <i>'I get a sort of frightened feeling like butterflies in the stomach'</i>	<b>Score</b>
Not at all	0
Occasionally	1
Quite often	2
Very often	3
<b>D</b> <i>'I have lost interest in my appearance'</i>	<b>Score</b>
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
<b>A</b> <i>'I feel restless as if I have to be on the move'</i>	<b>Score</b>
Very much indeed	3
Quite a lot	2
Not very much	1
Not at all	0
<b>D</b> <i>'I look forward with enjoyment to things'</i>	<b>Score</b>
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
<b>A</b> <i>'I get sudden feelings of panic'</i>	<b>Score</b>
Very often indeed	3
Quite often	2
Not very often	1
Not at all	0
<b>D</b> <i>'I can enjoy a good book or radio or TV programme'</i>	<b>Score</b>
Often	0
Sometimes	1
Not very often	2
Very seldom	3

Patient Label:

**MONTREAL COGNITIVE ASSESSMENT (MOCA)**  
Version 7.1 Original Version

**VISUOSPATIAL / EXECUTIVE**



Copy  
cube

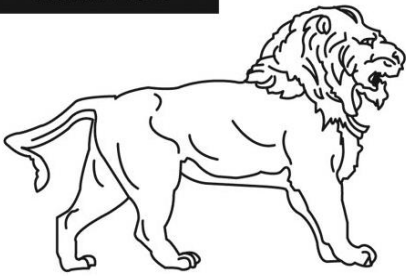
Draw CLOCK (Ten past eleven)  
(3 points)

POINTS

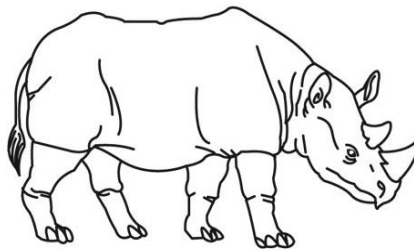
[ ] Contour [ ] Numbers [ ] Hands

\_\_\_/5

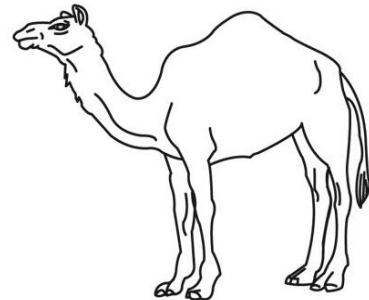
**NAMING**



[ ]



[ ]



[ ]

\_\_\_/3

**MEMORY**

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

**ATTENTION**

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order

[ ] 2 1 8 5 4

Subject has to repeat them in the backward order

[ ] 7 4 2

\_\_\_/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] FBACMNAAJKLBAFAKDEAAAJAMOF AAB

\_\_\_/1

Serial 7 subtraction starting at 100

[ ] 93

[ ] 86

[ ] 79

[ ] 72

[ ] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

\_\_\_/3

**LANGUAGE**

Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

\_\_\_/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] \_\_\_\_ (N ≥ 11 words)

\_\_\_/1

**ABSTRACTION**

Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler

\_\_\_/2

**DELAYED RECALL**

Has to recall words  
**WITH NO CUE**

FACE  
[ ]

VELVET  
[ ]

CHURCH  
[ ]

DAISY  
[ ]

RED  
[ ]

Points for  
UNCUED  
recall only

\_\_\_/5

**Optional**

Category cue

Multiple choice cue

**ORIENTATION**

[ ] Date

[ ] Month

[ ] Year

[ ] Day

[ ] Place

[ ] City

\_\_\_/6