



CHECKLIST FOR CONSULTING SURGERY

[Home](#) » [Resources](#) » Checklist for Consulting Surgery



Anjali Kumar
MD, MPH, FACS, FASCRS
✉ ☎

FOR EMERGENT CONSULTATIONS



(i.e.: surgical emergencies that require immediate beside surgical intervention/presence), best to page the surgical consultant with the specific needs and the patient's location (e.g., tension pneumothorax, surgical airway).

NECESSARY FOR URGENT AND ROUTINE CONSULTATIONS

- ☐ **Brief patient summary sentence:** 74 y.o. man with acute cholecystitis, septic shock
- ☐ **Clinical question:** Should this patient have a cholecystectomy?
- ☐ **History:** 9 days of worsening RUQ pain, N/V, fever; now in ICU on pressors, imaging findings
- ☐ **Exam:** Abdomen tense, distended, RUQ tenderness (exam performed by physician initiating the consult)
- ☐ **Pertinent medical history:** Especially cardiopulmonary problems: (e.g., COPD, CHF, cardiac stent 3 weeks ago, uncontrolled type 2 DM)
- ☐ **Pertinent surgical history:** Trauma ex lap 2013, gastric bypass 2002
- ☐ **Coagulopathy:** Platelets 50, INR 3.0, hemophilia, on warfarin, etc.
- ☐ **NPO status:** Ate cheeseburger 4 hours ago vs. NPO since midnight
- ☐ **Code status:** Already discussed with patient and documented in EMR

FOR ROUTINE CONSULTATIONS

- ☐ **Outside imaging:** If not already uploaded to our PACS system, request should be made for actual images (not just reports)
- ☐ **Outside record review:** Operative/procedure reports, consult note, path



CREDIT

Dr. Stephen Kaplan, Virginia Mason Surgery