



**PERIOPERATIVE CARDIOVASCULAR EVALUATION FORM FOR NONCARDIAC SURGERY**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

The physician performing surgical procedure will get informed patient consent for the perioperative risks of each procedure.

Requesting Provider Name: \_\_\_\_\_ Cardiologist Name: \_\_\_\_\_

Type of Procedure: \_\_\_\_\_ Procedure Date: \_\_\_\_\_

Requesting office contact: \_\_\_\_\_ GHVC Contact: \_\_\_\_\_

**Perioperative Cardiovascular Risk:**

\_\_\_ Low risk: The procedure has <1% risk of MAJOR ADVERSE CARDIAC EVENT (MACE) of death and myocardial infarction (MI).

\_\_\_ Intermediate risk: The procedure has 1-3% of MACE of death and myocardial infarction

\_\_\_ High risk: The procedure has ≥ 3% risk of MACE due to known CVD

\_\_\_ No further cardiac evaluation recommended

Recommend: \_\_\_\_\_  
\_\_\_\_\_

**Perioperative Medical Therapy**

- Statins should be continued in patients currently taking them
- Antiplatelet Agents:
  - Aspirin \_\_\_\_\_ Continue \_\_\_\_\_ Hold for 5 days, and resume ASAP post-op per surgeon
  - Plavix/Effient/Brilinta \_\_\_\_\_ Continue \_\_\_\_\_ Hold for 7 days, and resume ASAP post-op per surgeon
- Anticoagulants:
  - \_\_\_ Vitamin K antagonists (Warfarin)
  - \_\_\_ AF \_\_\_\_\_ DVT \_\_\_\_\_ PE \_\_\_\_\_ Hypercoagulability \_\_\_\_\_ Prosthetic valves
  - \_\_\_ Continue Warfarin \_\_\_\_\_ Hold for 3 days, resume post-op ASAP per surgeon
  - \_\_\_ Enoxaparin bridge \_\_\_\_\_ Once daily dosing (1.5mg/kg) \_\_\_\_\_ Twice daily dosing (1mg/kg) \_\_\_\_\_ Renal dosing
  - \_\_\_ Stop Enoxaparin 12 hours prior to procedure, resume ASAP post-op per surgeon until INR therapeutic
- Novel oral anticoagulants (NOACs) \_\_\_\_\_ Continue \_\_\_\_\_ Hold for 2 days, resume ASAP post-op per surgeon

Comments: \_\_\_\_\_  
\_\_\_\_\_

Cardiologist Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact the Goshen Heart & Vascular Center with additional questions.

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