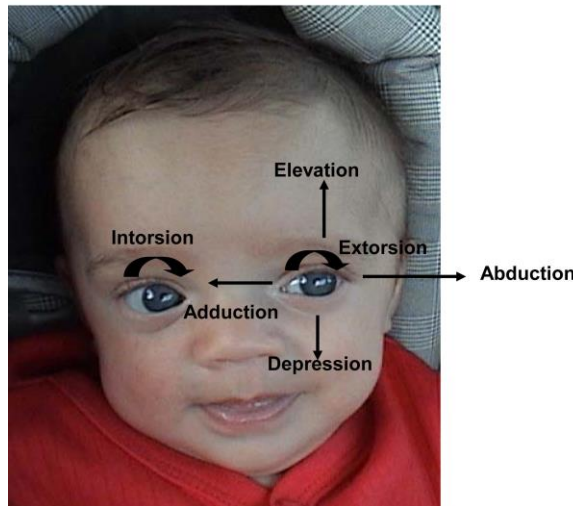


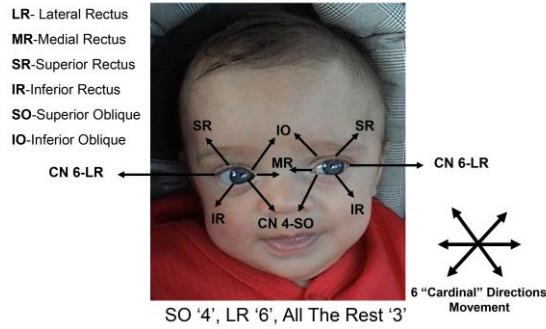
Preoperative Evaluation for Neurosurgery

- I. Background
 - a. Last meal, last drink, last food
 - b. Medications: blood pressure meds (antidiuretics, ACE inhibitors/ARBS), anticoagulation (ASA, Plavix, warfarin, etc.) AEDs (keppra, phenytoin, carbamazepine)
 - c. Previous anesthetics, complications: PONV, adverse reactions, pain, etc.
- II. Review of Systems
 - a. Neuro: primary pathology and existing deficits, motor, sensory, cranial nerves, gait disturbances, seizures
 - b. Airway: loose teeth, missing teeth, damaged teeth, TMD, mouth opening, neck ROM
 - c. Cardiac: HTN, MI, CAD
 - d. Respiratory: Asthma, OSA, recent cough/cold/flu
 - e. GI: GERD
 - f. Heme/ID: anemia, easy bleeding/bruising, anticoagulation, immunosuppressant
- III. Physical Exam:
 - a. Airway Exam per routine
 - b. Neuro Exam
 - i. Mental status: alert? Oriented? Concerns for increased ICP (HA, papilledema)
 - ii. Cranial nerves: The 3 CNs responsible for eye movement and the muscles that they control are as follows: CN 4 (Trochlear): Controls the Superior Oblique muscle. CN 6 (Abducens): Controls the Lateral Rectus muscle. CN 3 (Oculomotor): Controls the remaining 4 muscles (inferior oblique, inferior rectus, superior rectus, and medial rectus). CN3 also raises the eyelid and mediates constriction of the pupil

Eye Movement Terminology



CNs & Muscles That Control Extra Ocular Movements



- 2.
 - iii. Motor:
 - iv. Sensory:
 - v. Gait – usually defer, can ask about gait disturbances on ROS
 - vi. Devices/Drains: EVD, lumbar drain?
- IV. Review plan for anesthesia with patient