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Sana, Your Care Assistant

You:
Summarize the patient's preoperative health

Sana:

Patient Information:
Patient Name: John Doe
Age/Sex/Race: 62 y/o white male
Height/Weight/BMI: 5'5" (165 cm), 45 kg (99 lbs), BMI 17 **(Underweight)**

Chief Complaint/Reason for Evaluation
Preoperative medical evaluation for surgical optimization.

History of Present Illness

62 y/o male with a history of hypertension and diabetes mellitus presenting for pre-operative risk stratification prior to right total knee replacement.

The patient reports good functional capacity of greater than 4 mets without either chest pain or excessive shortness of breath. He is underweight with BMI of 17 and has a history of frailty.

Reports no new acute complaints today.

The patient reports he has someone competent to care for him post operatively.

Past Medical History (PMH)
• Hypertension (HTN)
• Diabetes Mellitus (DM)
• COVID-19 infection (4/22/2021)

Past Surgical History (PSH):
• No recent surgeries

Hospitalization History:
• UNC Medical Center — Aug 10–14, 2025 [Source]
• UNC Medical Center — May 19–20, 2025 [Source]
• Lutheran Hospital — Nov 10–14, 2024 [Source]
• UNC Medical Center — Dec 11–12, 2022 [Source]

Medications:

Current:
• Docusate 100 mg (Colace)
• Fluticasone Furoate 0.1 mg inhaler (Avamys)
• Losartan 50 mg (Cozaar)
• Carvedilol Phosphate 20 mg ER (Coreg)
• Simvastatin 80 mg (Zocor)
• Bupropion HCl 300 mg ER (Wellbutrin)
• Clindamycin
• Sliding scale insulin (lispro, lispro protamine, human injectable)
• Basal insulin (insulin glargine injectable)
• Ringer's lactate with 5% dextrose, 15 mL/kg

Discontinued:
• Dexamethasone 0.5 mg (Decadron)
• Amoxicillin 100 mg

Allergies:

• Penicillin: hives, anaphylaxis (severe reaction)

Laboratory Data:

Hemoglobin A1c:
• 07/10/2020 — 6.5%
• 07/10/2021 — 6.2%
• 07/10/2022 — 7.3%
• 11/10/2022 — 8.9% (High)

Trend: Gradual worsening of glycemic control, with most recent values elevated.

Complete Blood Count (CBC) - 08/15/2025:
• WBC - 6.2 109/1 • RBC - 5.1 1012/1
• Hb - 140 g/l • HCT - 42%
• PLT - 180 109/l • MCV - 90 fl
• MCH - 32 pg • MCHC - 345 g/l

Electrocardiogram (EKG) & Echocardiogram
The patient has not had an EKG or echocardiogram performed within the past 12 months.

Chest X-Ray - 09/13/2025 [Source]

Cardiac Catheterization - 09/13/2025 [Source]

Basic Metabolic Panel (BMP) - 09/13/2025
• Sodium (Na) - 136 mEq/L
• Potassium (K) - 4 mmol/L
• Chloride (Cl) - 104 mEq/L
• Carbon dioxide (CO2) - 22 mmol/L
• Glucose (Glu) - 76 mg/dL
• Blood urea nitrogen (BUN) - 8 mg/dL
• Creatinine (Cr)

Assessment:
62 y/o male with HTN, DM, underweight BMI (17), and history of frailty undergoing preoperative evaluation. Patient's risk factors include:

• Poor nutritional status (BMI <18.5)
• Suboptimal diabetes control (A1c up to 8.9%)
• History of multiple recent hospitalizations

Medication Reconciliation:
• Losartan 5 mg po qd: Hold on morning of surgery
• Wegovy 0.25 mg po qd: Take day of surgery
• Plavix 75 mg po qd: Hold for 1 week prior to surgery

Plan/Preoperative Optimization:
1. Frailty & Anemia: Optimize nutrition and anemia prior to surgery. Consider dietician and hematology input.
2. Diabetes: Address glycemic control; continue basal insulin and sliding scale insulin per protocol.
3. Hypertension: Continue current antihypertensives (losartan, carvedilol).
4. Medication Review: No corticosteroids or antibiotics currently; continue current regimen.
5. Allergy Precautions: Avoid penicillin and related beta-lactams.
6. Disposition: Based on current health history, patient may be eligible for discharge to home postoperatively. Final disposition pending surgical course and intra-operative findings.

Site of Service: John Doe may be an appropriate patient for a hospital based outpatient procedure

Disposition plan: Based on his health history, Sam B may to a skilled nursing facility.

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