

RISK STRATIFICATION

Has the patient ever smoked? Yes No

If YES: Record patient's smoking status

- Current smoker
- Former smoker

Record number of pack-years (*packs per day x years smoking*)

Pack years _____

Does patient currently smoke? Yes No

If YES:

- Advise the patient to stop smoking and set quit date within two weeks

Quit date _____

- Refer patient to preferred cessation program

Program selected

- Freedom From Smoking (ALA)
- Plan My Quit
- Become An Ex
- 1-800-quit-now

IMPORTANT NOTICE

These sample checklists are provided for informational purposes only and should NOT be used in the care of a patient outside of a comprehensive preoperative program such as Strong for Surgery. Patients should not rely on information on this checklist as an alternative to medical advice from a doctor or other professional healthcare provider. The logos on the checklists are registered trademarks of Strong for Surgery and SCOAP. To find out how you can start using the Strong for Surgery checklist in your clinic, please contact us at strongforsurgery@facs.org.

