

**Functional Capacity\*\***

The **Functional Status** of the Patient

The Functional status of the patient can be divided for this purpose into:

POOR or MODERATE /EXCELLENT

**PEARL of WISDOM**

*The functional status of the patient is a good predictor of both the cardiac and overall risk of the patient for surgery and hospitalization.*

**EXAMPLES OF**

**METS\*\* ACTIVITY\* Functional Capacity:**

$\leq 4$ METs	<b>-unable to walk <math>\geq 2</math> blocks on level ground without stopping due to symptoms</b>  - eating, dressing, toileting, walking indoors, light housework.	<i>POOR</i>
$> 4$ METs	<b>-climbing <math>\geq 1</math> flight of stairs without stopping</b>  <b>-walking up hill <math>\geq 1-2</math> blocks</b>  -scrubbing floors  -moving furniture  - golf, bowling, dancing or tennis  -running short distance	<i>MODERATE to EXCELLENT</i>

\* performance of any *one* of the activities would qualify the patient, not the ability to do *all*

\*\*METS; an abbreviation for "metabolic equivalents" that is a standardized measure of energy expenditure.

Now, compare your **assessments of the Functional Status** of the Patient (see the bottom of the chart:)

	<b>MOE</b>	<b>LARRY</b>	<b>CURLY</b>
Age	78 y.o.	78 y.o.	78 y.o.

<b>Procedure</b>	Abdominal aortic aneurysm repair	Abdominal aortic aneurysm repair	Open cholecystectomy and bile duct exploration
<b>PHMx</b>	HTN	HTN	HTN
	Hx of stable angina (no cardiac evaluation in the past 5 yrs.)	Hx of stable angina (no cardiac evaluation in the past 5 yrs.)	No cardiac history (no cardiac evaluation in the past)
<b>Medications</b>	HCTZ 25 mg q d Atenolol 25 mg q d	HCTZ 25 mg q d Atenolol 25 mg q d	HCTZ 25 mg q d
<b>Surgery</b>	None	None	None
<b>Tobacco/ alcohol</b>	None	None	None
<b>Functional Status</b>	Cannot chase brothers up more than one flight of stairs	Can run two flight of stairs easily to escape Moe	Can run two flight of stairs easily to escape Moe while saying "Whup whup whup!!"
<b>Laboratory CBC, BMP, UA</b>	All Normal	All Normal	All Normal
<b>EKG</b>	PAC's, Non-specific ST-T wave changes inferiorly	PAC's, Non-specific ST-T wave changes inferiorly	PAC's, Non-specific ST-T wave changes inferiorly
<b>Physical exam</b>	130/70 – 70 –14 – 98.5  Normal cardiac, pulmonary, neuro and GI exam.  Diminished peripheral pulses	130/70 – 70 –14 – 98.5  Normal cardiac, pulmonary, neuro and GI exam.	130/70 – 70 –14 – 98.5  Normal cardiac, pulmonary, neuro and GI exam.
<b>Clinical cardiac predictors</b>	Hx of stable angina	Hx of stable angina	78 y.o.  abn EKG
<b>Risk level</b>	<b>INTERMEDIATE</b>	<b>INTERMEDIATE</b>	<b>MINOR</b>
<b>FUNCTIONAL STATUS</b>	<b>POOR</b> (< 4 METS) ( <i>unable to go up a flight of stairs</i> )	<b>MODERATE</b> (> 4 METS) ( <i>Can run two flight of stairs easily</i> )	<b>MODERATE</b> (> 4 METS) ( <i>Can run two flight of stairs easily</i> )
<b>Risk of procedure</b>	<b>HIGH</b> but it doesn't matter as he has <b>POOR functional status</b> which indicates need for cardiac eval.	<b>Go to Procedure risk</b> on Pearl card	<b>Go to Procedure risk</b> on Pearl card

<b>Cardiac evaluation necessary? If so what kind?</b>	<b>DSE or Dypyrimaladal thallium</b>	Decide after assigning procedure risk	Decide after assigning procedure risk
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