

GEN.  IV SED.  LOCAL  
 SPINAL  EPIDURAL  OTHER \_\_\_\_\_  YES  
 MOVEMENT  YES  NO  NO  
 SENSATION  YES  NO  NO

**\* ADMISSION ASSESSMENT**

**NEURO**

AWAKE  SEDATED  UNRESPONSIVE  RESTLESS  
 RESTRAINTS (TIME ON \_\_\_\_\_ TIME OFF \_\_\_\_\_)

**RESPIRATORY**

AIRWAY:  SELF MAINTAINED  ARTIFICIAL

ORAL  NASAL  ETT  VENT  MANUAL  
 RESPIRATORY PATTERN:  EVEN/UNLABORED  SHALLOW  LABORED  
 BREATH SOUNDS:  CLEAR  OTHER LI. \_\_\_\_\_ RI. \_\_\_\_\_

\* MUST BE COMPLETED ON ALL PATIENTS

**\* CARDIOVASCULAR**

RHYTHM: \_\_\_\_\_

RHYTHM STRIP  
IF ABNORMAL  
FOR PATIENT

\* IV SITE:  PATENT  INFILTRATED  COUT

# \_\_\_\_\_ g. location: \_\_\_\_\_  A-Line \_\_\_\_\_  CVP \_\_\_\_\_

# \_\_\_\_\_ g. location: \_\_\_\_\_  HEP LOCK @ \_\_\_\_\_

**GI/GU**

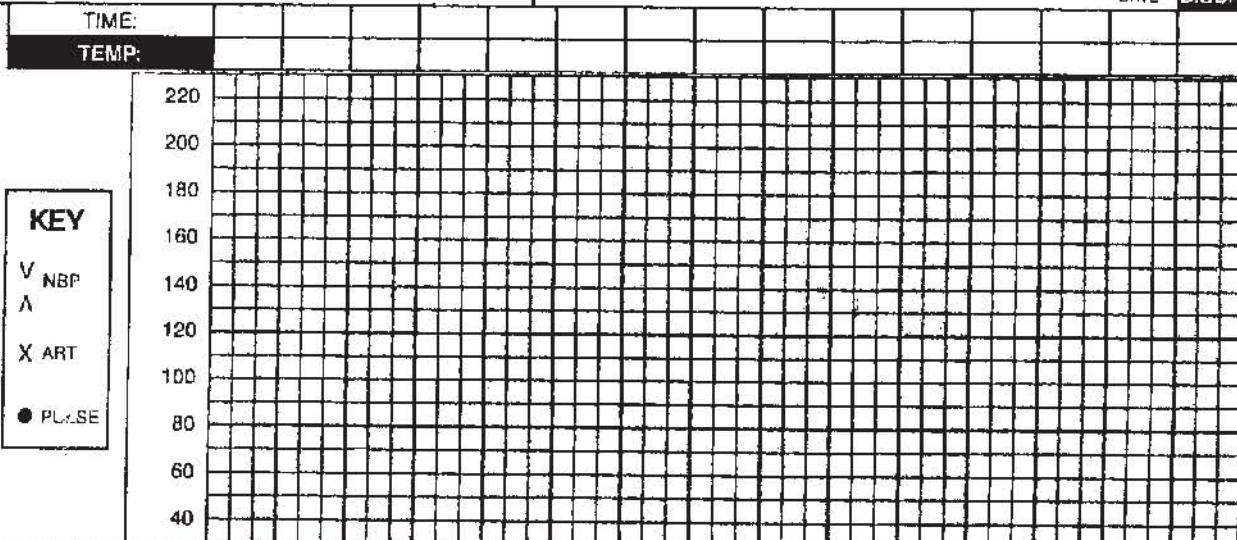
ABDOMEN:  SOFT  FIRM  
 VAG BLEEDING:  YES  PACK  PERIPAD  NO  
 FOLEY:  YES \_\_\_\_\_  
 BLADDER IRRIGATION:  CONT  INTERMITTENT

**SURGICAL SITE**

DRESSING: LOCATION: \_\_\_\_\_  DRY/INTACT  OTHER  
 DRAINS:  HV  JP  NGT  CT  OTHER  
 CAST  SLING  ICE  ELEVATION  
 PHIL COLLAR  ABD PILLOW  SCD  TEDS  
 VASCULAR CHECKS: LOCATION: \_\_\_\_\_  PALP  DOPPLER  
 TEMP:  WARM  COOL  
 COLOR:  PINK  OTHER \_\_\_\_\_  
 SENSATION  WNL  NUMBNESS/TINGLING

NURSE COMPLETING ASSESSMENT \_\_\_\_\_ R.N. DATE DISCH

* POST ANESTHETIC RECOVERY SCORE		A	D	15'	30'	45'	1"	1 1/2"	2"	3"	4"	5"
ACTIVITY	Able to move 4 extremities voluntarily or on command	2										
	Able to move 2 extremities voluntarily or on command	1										
	Able to move 0 extremities voluntarily or on command	0										
RESP. RATION	Able to strip linens & accept food by nose or trachea Breathing Appar.	2										
		0										
CIRCULATION	SpO2 > 92% or preanesth level PpO2 > 50 mmHg or preanesth level Hb > 80% of preanesth level	2										
		0										
CONSCIOUSNESS	Fully awake Arousable on calling Not responding	2										
		0										
COLOR	Pink Pale, dusky, dusky, jaundice, other Cyanotic	2										
		0										
TOTAL												



Pain score 0 to 10

ARRESTED/ASSIST FROM

Precipitating cause  
 Quality (code)  
 Region (body part)  
 Severity Rest #  
 Movement #  
 Type (code)  
 Timing: Onset  
 Duration

RESP RATE																		
Sr O2																		
NC _____ L/M																		
PAIN SCALE																		
ALARMS ON																		

775-307B RE 4/02