

# NURSING POST ANESTHESIA CARE UNIT RECORD

PATIENT NAME \_\_\_\_\_  
 SS # \_\_\_\_\_ DOB \_\_\_\_\_  
 PHYSICIAN'S NAME \_\_\_\_\_  
 DATE OF SURGERY \_\_\_\_\_

DATE		TIME IN		A.M. P.M.		ANESTHESIA		<input type="checkbox"/> GEN		<input type="checkbox"/> BLOCK		<input type="checkbox"/> LOCAL		<input type="checkbox"/> LOCAL SEDATION																																	
SURGICAL PROCEDURE						ANESTHESIA REPORT BY		<input type="checkbox"/> MAC		<input type="checkbox"/> EPIDURAL		<input type="checkbox"/> SPINAL		SENSATION LEVEL																																	
PACU / NURSING UNIT						PATIENT POSITION ON ADMISSION		<input type="checkbox"/> STRETCHER		<input type="checkbox"/> FALL PRONE PROTOCOL INITIATED		PRE-OP OR																																			
<b>ACTIVITY / EXERCISE PATTERN</b>																																															
<b>I. AIRWAY CLEARANCE / GAS EXCHANGE</b>														<b>POST ANESTHESIA SCORE</b>																																	
ADMISSION AIRWAY MANAGEMENT						OXYGEN DELIVERY						SCORE		CRITERIA		ADM		15		30		1 HR		DC																							
<input type="checkbox"/> Jewelry		<input type="checkbox"/> Chin Hold		<input type="checkbox"/> OP		<input type="checkbox"/> NP		MODE		L/MIN%		ON		OFF		Activity		2		1		0																									
<input type="checkbox"/> ET/Tube		<input type="checkbox"/> O		<input type="checkbox"/> N		TIME DC'D		Ambu								Resp.		2		1		0																									
SUCTION		ACUTE		COLOR		AMT		T-piece		R.A.						Circ.		2		1		0																									
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> CRAL						Canula								Awareness		2		1		0																									
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> NASAL						Aerosol Mask								Color		2		1		0																									
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> E.T.						Binw-by								TOTAL																															
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> TRACH.						F.M.																																							
<input type="checkbox"/> Standardized PACU NCP in effect @ _____ by _____														Awake & Alert		1		0		Awake at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM																											
BREATH SOUNDS						BREATHING PATTERN						ADM		DISCH.		Normal		1		0																											
A - Absent C - Clear D - Dimin. RH - Rhonch R - Rales W - Wheeze						SPONTANEOUS										Pale, Dusky or Mottled		1		0																											
BREATH SOUNDS						IRREGULAR										Cyanotic																															
RUL						SHALLOW																																									
LUL						DEEP																																									
RML						CRYING																																									
RLR						LABORED																																									
LUL						APNEA																																									
<b>II. TISSUE PERFUSION / CARDIAC OUTPUT</b>														<b>VITAL SIGNS GRAPHIC</b>																																	
SKIN		ADMISSION						DISCHARGE						TIME		300		280		260		240		220		200		180		160		140		120		100		80		60		40		20		10	
PULSES: SITE:		WARM / COLD DRY / DIAPHORETIC						WARM / COLD DRY / DIAPHORETIC						KEY BP		240		220		200		180		160		140		120		100		80		60		40		20		10							
NEUROVASCULAR:																		Cvt Y A		200		180		160		140		120		100		80		60		40		20		10							
<b>COGNITIVE / PERCEPTUAL PATTERN</b>														NIBP		150		140		130		120		110		100		90		80		70		60		50		40		30		20		10			
NEURO:						ADM.						DISCH.						Flow		100		90		80		70		60		50		40		30		20		10									
INCISIONAL PAIN:																		Temp		100		90		80		70		60		50		40		30		20		10									
OTHER PAIN:																		Resp. O		100		90		80		70		60		50		40		30		20		10									
<b>NUTRITIONAL / METABOLIC PATTERN</b>														<b>ELIMINATION PATTERN</b>																																	
I.V. SITE		INTAKE						OUTPUT						SAC <sub>2</sub>		TEMP																															
		TYPE		RT		AMT. ABS'D		TYPE		AMOUNT																																					
														SURG. SITE COND.: ADM																																	
														DISCH.:																																	