

DATE Mo. / Day / Year	TIME 24 HOUR	PATIENT IDENTIFICATION			
		POST ANESTHESIA EVALUATION			
		Procedure:			
		Intra-operative occurrences of note:			
		Level of Consciousness			
		awake	responsive		
		oemmatose			
		Respiration			
		spontaneous	assisted mechanical		
		supplemental O ₂			
		Vital Signs (BP., HR., Temp.)			
		stable			
		other			
		Satisfactory emergence of anesthesia			
		yes	no		
		Post-operative occurrences of note:		Nausea	Y N
				Vomiting	Y N
				Awareness	Y N
		Signature:		Sore Throat	Y N