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Hospital's
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PERI-ANESTHESIA CARE UNIT PAIN CLINIC RECORD

PATIENT IDENTIFICATION

VITAL SIGNS	T:	P:	R:	HEIGHT:	DATE:	TIME:
	BP:	O2 Sat:	WEIGHT:	MODE OF ARRIVAL		
WHO IS DRIVING YOU HOME?				<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> OTHER: _____		
WHAT PROCEDURE ARE YOU HAVING DONE TODAY:				WHEN DID YOU LAST EAT / DRINK?		

LIST ALL OPERATIONS / HOSPITALIZATIONS:	LIST ALL MEDICAL PROBLEMS:

LIST ALL ALLERGIES:	ROUTINE MEDICATIONS:	TIME OF LAST DOSE:

PRE - PROCEDURE CHECKLIST: OXYGEN SUCTION AIRWAY & MONITORING EQUIPMENT

TIME:	INTRA-PROCEDURE	POST-PROCEDURE	M E D I C A T I O N S				
	(Military Time)	(Military Time)	MEDS.	TIME	DOSE	ROUTE	NURSE
Allergies							
BP							
A-LINE							
PULSE							
RESP							

ADMITTING NURSE:	DISCHARGING ANESTHESIOLOGIST	DISCHARGING NURSE:

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NURSE'S NOTES

PATIENT IDENTIFICATION

DATE	TIME	