POST ANESTHESIA CARE RECORD

(PATIENT IDENTIFICATION)

DATE	OPERATION	TIME IN	ADMITTING NURSE

ALLERGIES:

ALLERGY BAND Y ❑ N/A ❑

PT. HISTORY ▶

NAME BAND CHECK ❑

ANESTHESIA

❑ GENERAL ❑ SPINAL
❑ MAC ❑ OTHER

CRYSTALLOID _____
COLLOID _____
EBL _____
UOP _____
ANTIEMETIC _____
VERSED _____
FENTANYL _____
MORPHINE _____
ANTIBIOTIC _____

INTAKE

TIME ▶								TOTAL

OUTPUT

TIME ▶									TOTAL
URINE									
FOLEY									
NG									
EMESIS									
CT									
JP									
HEMOVAC									

CBI				
CBI	BAG # ____	BAG # ____	BAG # ____	BAG # ____
TIME				
IN				
OUT				
URINE				

LAB RESULTS

TIME				
pH				
PCO_2				
PO_2				
TCO_2				
SBE				
SAT				
WBC				
Hgb				
Hct				
Plts				
Na+				
K+				
Cl				
CO_2				
Bun/Cr				
PT				
PTT				
Mg++				
Ca++				
S.OSMO				
Glu				
FS				

TIME ▶

NIBP ❑

BP

220
200
180
160
140
120
100
80
60
40
20

A-LINE

•PULSE

RESP.	
TEMP	
SaO_2	
CVP	
MPA	
PCW/PED	
CO/CI	
SVR	

TIME	MEDICATION	DOSE	ROUTE	RN

ANESTHESIOLOGIST'S ORDERS / NOTES	TIME	PHYSICIAN
1. Fentanyl _____ mcg IV for pain rated 4-10/10. If pain rating remains 4-10/10, may repeat dose every 5 minutes _____ times.		
2. Morphine Sulfate _____ mg IV for pain rated 4-10/10. If pain rating remains 4-10/10, may repeat dose every 10 minutes _____ times.		
3. Fingerstick Blood Sugar		
4. D/C to Nsg. unit / ICU		

POST ANESTHESIA CARE RECORD II

(✓) YES
(-) NO
SEE NOTE

▶ = IF APPLICABLE • SPINAL/EPIDURAL ANESTHESIA ONLY N/A=NOT APPLICABLE

(PATIENT IDENTIFICATION)

POST ANESTHESIA ASSESSMENT

DATE	INITIALS								
	TIME								
1. O_2 THERAPY: ROOM AIR = RA, NASAL CANNULA = NC, FACE MASK = FM, FACE TENT = FT, T-PIECE = TP, OTHER ▶									
2. AIRWAY NASAL ( ) ORAL ( )									
3. PATIENT INTUBATED ORAL ( ) NASAL ( ) TUBE LEVEL ( )									
4. RESPIRATIONS: SPONTANEOUS = S, REGULAR S EFFORT = R, DEEP = D, MODERATE = M, SHALLOW = SH									
5. BREATH SOUNDS: A = BILATERAL/CLEAR # = SEE NOTES									
6. VENTILATOR TV / FIO_2									
RATE / Peep/CPAP									
7. SEDATION-AGITATION SCALE: A = ALERT D = DROWSY U = UNREACTIVE									
8. ORIENTED TO PERSON, PLACE AND TIME									
▶ 9. PUPIL SIZE & REACTION RIGHT / LEFT									
10. MOTOR FUNCTION RIGHT / LEFT									
11. SENSORY DERMATOME LEVEL •									
▶ 12. NEUROVASCULAR: AFFECTED EXTREMITY _____ PULSES P = Palpable A = Absent D = Doppler									
13. CAP REFILL: B = BRISK S = SLUGGISH (>3 SECONDS)									
14. SKIN QUALITY: WARM = W, DRY = D, COOL = C, MOIST = M									
15. DRESSING DRY AND INTACT									
16. SURGICAL DRAINS PATENT									
17. IV PATENT: SIZE _____ LOCATION _____ PATENT(J)									
18. NAUSEA = N EMESIS = E									
19. SKIN INTEGRITY q 1 hrs A = INTACT, R = REPOSITION, # = SEE NOTES									
20. SIDE RAILS UP/BRAKES ON / ALARMS CHECK									
21. PAIN SCALE 0-10 CIRCLE IF COGNITIVELY IMPAIRED SCALE									
22. EKG									

SEDATION - AGITATION SCALE

1. unarousable
2. very sedated
3. follows commands
4. calm & cooperative
5. agitated
6. very agitated
7. dangerously agitated

PAIN SCORE

(Ask pt. to rate pain intensity)

0 No Pain
1
2
3 Mild Pain
4
5 Moderate Pain
6
7 Strong Pain
8
9
10 Worst Pain Possible
S Patient Sleeping

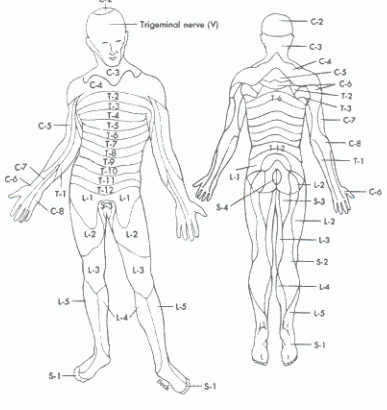
SIGNATURE	TITLE	INITIALS
SIGNATURE	TITLE	INITIALS
SIGNATURE	TITLE	INITIALS
SIGNATURE	TITLE	INITIALS

BR=Brisk SL=Sluggish NR=No Reaction

1 2 3 4 5 6 7 8

MOTOR FUNCTION SCALE

RATING		CRITERIA
+1	<	Moves feet & ankles flexion & extension
+2	—	rolls legs
+3	—	bends knees halfway
+4	<	Able to bend knees & good control, but not full strength
+5	—	Full Motor Return



POST ANESTHESIA CARE RECORD III

(PATIENT IDENTIFICATION)

1. DOCUMENT SKIN INTEGRITY ON ADMISSION AND q 1 hr.
2. ASSESS PAIN CONTROL IN NURSES NOTES PRN AND ON DISCHARGE.
3. RESTRAINTS: USE RESTRAINT ASSESSMENT AND ORDER FORM.

Date _____ /_____ /_____

POST ANESTHESIA ASSESSMENT

DISCHARGE

TEDS/Venodynes:
Patient Belongings:
O2 for Transport:
Report to:
Transferred by:

ANESTHESIOLOGIST'S ORDERS / NOTES

LABS AND TESTS

TIME	MEDS	DOSE	ROUTE	RN

Potential Patient Problems
1. Pain:
2. Complications:
❑ Cardiovascular
❑ Respiratory
3. Learning Deficit:
4. Other:

Expected Outcomes for Transfer
1. Verbalizes pain relief with rate <5 on intensity scale
2. ❑ Maintain adequate respiratory function with oxygen SATs 95%, unlabored respirations
❑ Maintains B/P within 20% of baseline
3. Demonstrates knowledge of plan of care by participating in learning activities listed on PEDF
4. Temperature ↑35.5

Discharge Outcomes Met
1. Y/N _____ Initial
2. Y/N _____ Initial
3. Y/N _____ Initial
4. Y/N _____ Initial

SIGNATURE	TITLE	INITIALS	SIGNATURE	TITLE	INITIALS

DISCHARGING NURSE _____, R.N.

TIME OUT _____ TO: _____ TOTAL TIME ▶