POST ANESTHESIA CARE UNIT RECORD

Date:_____ Time In:_____

Nurse:_____

Anesthesiologist_____

Gen_____ Regional_____ MED_____

Surgery_____

Time Out:_____

Nurse:_____

Report to:_____

O2 Transport:_____

Operative Site_____

Remarks:_____

Admission Information:_____

Allergies:_____

Monitors: Cardiac_____ Accucheck_____

Pulse Oximeter_____ Arterial_____

Swan_____ CVP_____ Other_____

Lab:_____

XRay_____

EKG_____

ABG_____ Teds: Knee_____ Thigh_____

Sequential Stockings_____

Breath Sounds_____

AIRWAY_____

Oral_____ Endot_____

Nasal_____ Nasot_____

Removed_____

OXYGEN None_____

Mask____ PC____ Nasal____

RESPIRATOR_____

O_2 D/C @_____ O_2Sat_____

EXTUBATION_____

Lifts Head_____

Strong Grip_____

Follow Command_____

Awake_____

Tidal Volume_____

Per Anesthesiologist_____

Time Removed_____

Name_____

O^2 Support:_____

Mask_____ Nasal_____

None_____

PACU SCORE		ADM		1	2	3	4	DIS CHG
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	ACTIVITY							
Able to deep breathe and cough freely - 2 Dyspnea or limited breathing - 1 Apneic - 0 Asleep but adequate - 1+	RESPIRATION							
B.P. - 20 of preanesthetic level - 2 B.P. - 20 to 50 preanesthetic level - 1 B.P. - 50 of preanesthetic level - 0	CIRCULATION							
Awake - 2 Arousable on calling - 1 Not Responding - 0	CONSCIOUSNESS							
Good - 2 Pale, Dusky, Plethoric, jaundiced, other - 1 (circle) Cyanotic - 0	COLOR							
Clear - 2 Asleep-Tubed, Voice Rasl - 1+ Slightly hoarse or weakness - 1 Severe hoarseness - 0	VOICE							
Level 0-10	PAIN							

OUTPUT:	Time					
Void	C					
Cath	A					
Irrigation						
Salem NG	C					
Gastrostomy	A					
Hemovac	C					
	A					
Jackson Pratt	C					
	A					
Chest Tube	C					
	A					
Chest Tube	C					
	A					
T-Tube	C					

VITAL SIGNS: BP N Y A P • R O MEAN X INITIALS

SWAN GANZ				
TIME	PAS	PAD	PAW	CVP
Initials				

240 220 200 180 160 140 120 100 80 60 40 30 20 10

TEMP

D_2 SAT

LEVEL

630

OR-100 (6/01)

INTRAVENOUS Infusing Well: ADM_____ Discharge_____					TIME	NOTES	SIG.
Size							
Jelco_____ Location:							
Jelco _____ Location:							
Jelco_____ Location:							
Introducer _____							
Hickman_____ Triple Lumen_____							
Discontinued _____							
_____							
TIME	SOLUTION	AMT	INFUSED	TOTAL			
TIME	MEDICATIONS			SIG.			