HOSPITAL

Hospital of Silver Spring
PACU SUPPLEMENTAL FLOW SHEET
Complete only areas applicable to Surgery/Procedure

Splint, Cast	UE	
Immobilizer	LE	
Ace Bandage	UE	
	LE	
Elevation	UE	
	LE	

✓ Appropriate Area

Spinal Puncture Area Clear

	Yes	No*
Adm		
Dis		

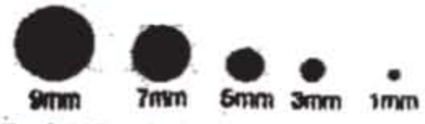
PERIPHERAL VASCULAR

PULSES	Time							
	Radial							
	Brachial							
	Femoral							
	Post. Tibial							
	Pedal							
Color		UE						
		LE						
Skin Temp.		UE						
		LE						
Capillary Filling		UE						
		LE						
Ability to Move		UE						
		LE						
Strength		UE						
		LE						
Sensation		UE						
		LE						

NEUROMUSCULAR

	Spinal Level						
Level of Consciousness ✓ One	Alert & Oriented						
	Alert & Disoriented						
	Arousable						
	Stuporous						
	Deep Stupor						
Speech	Clear						
	Rambling						
	Slurred/Garbled						
	Moans/Grunts						
	Absent						
Pupils	Size						
	Reaction						
	Facial Muscles						
	Tongue Extends						
Initials							

Pupil Size:



Pupil Reaction:
B = Brisk
M = Moderate
Sl = Sluggish
A = Absent

Facial Muscles:
N = Normal
D = Droop

Tongue Extends:
ML = Midline
R = To right
L = To left

HEMODYNAMIC

Arterial Line

Central Line ☐ Triple Lumen ☐ Swan

Site Location & Assessment

Time							Normal
Art. BP							MM/Hg
CVP							-1 to 7
PAP							M = 10 to 2
PCWP							M = 6 to 12

☐ 3 Way Foley Catheter ☐ Traction

CONTINUOUS BLADDER IRRIGATION

Type & Amount Up	IN Time In	IN Amount In	OUT Time Out	OUT Amount Out	Describe