MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE

LOCAL FORM TITLE

POST ANESTHESIA CARE UNIT (PACU) RECOVERY RECORD

OPERATION PERFORMED

ALLERGIES

ANESTHESIA TECHNIQUE (Check all that apply:) ☐MAC ☐IVCS ☐SAB ☐General ☐ETT ☐LMA ☐Block_____ ☐Marcaine ☐Lidocaine ☐Epidural

ADMISSION

Temp_____F HR ____

DATE_____ HRS_____ Preop BP_____/____ R/R ____

☐**PACU STD OF CARE INITIATED**

To Recovery via: ☐Gurney ☐Bed ☐Siderails up x ___ ☐HOB @____°

Patient ☐Supine ☐Right/Left sidelying ☐Prone ☐HOB flat

AIRWAY: ☐Patent ☐ Oral Airway ☐Nasal Trumpet ☐Obstructs easily ☐ETT ☐LMA

BREATHING: ☐Lungs clear ☐ Right side ☐Left side ☐Wheezing ☐Crackles ☐Diminished breath sounds ☐ Stridor

CIRCULATION: Skin: ☐Warm ☐ Cool ☐Dry ☐Diaphoretic
Pulses(as req): ☐ Radial ☐ Pedal ☐ Strong ☐ Palpable
Capillary Refill: ☐ > 3 seconds ☐ < 3 seconds

IV ☐Site without sign of infiltration

IV Site #1_____Fluid_____Amt in bag_____mL Rate_____mL/hr ☐ Patent

IV Site #1_____Fluid_____Amt in bag_____mL Rate_____mL/hr ☐ Patent

Fluid Therapy: Received _____mL of _____ in OR

Received _____mL of _____ in OR

Received _____mL of _____ in OR

O2 Therapy Time started _____ at _____L/min via _____

Changed at _____ to _____L/min via _____

Urinary Output Bladder: ☐distended ☐nondistended
☐Foley _____mL total out in OR
☐Straight cath

Estimated Blood Loss (EBL) _____**mL**
☐ Ice Applied ☐Pain Pump _____
☐ Extremity elevated ☐Polar Care ☐ SCD

DISCHARGE

Temp _____F Pulse_____ Resp _____ Sats _____

DATE_____ HRS_____ BP_____/_____

☐**PACU DC CRITERIA MET**

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Patient ☐Supine ☐Right/Left sidelying ☐Prone ☐HOB flat

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IV Site #1_____Fluid_____Amt in bag_____mL Rate_____mL/hr ☐ Patent

Received _____ mL of _____ in PACU
TOTAL FLUID RECEIVED _____mL

Nausea and Vomiting: ☐NO ☐YES ----> 1 2 3 4 5 6 Times

O2 Therapy ☐Continued on transport at present rate
☐Discontinued at _____

Urinary Output Bladder: ☐distended ☐nondistended
☐Foley ☐Voided _____mL total out in PACU
☐Straight cath _____mL **(PACU + OR) TOTAL URINE OUT**

Drain Output: ☐JP #1_____mL total out ☐Hemovac_____mL total out
☐JP #2_____mL total out

POST ANESTHESIA ALDRETE SCORE			A	D
Able to move 4 extremities voluntarily or on command	2	ACTIVITY		
Able to move 2 extremities voluntarily or on command	1			
Able to move 0 extremities voluntarily or on command	0			
Able to deep breathe and cough freely	2	RESPIRATION		
Dyspnea or limited breathing	1			
Apneic	0			
BP +/- 20% of preanesthetic level	2	CIRCULATION		
BP +/- 20-50% of preanesthetic level	1			
BP +/- 50% of preanesthetic level	0			
Fully awake	2	CONSCIOUSNESS		
Arousable on calling	1			
Not responding	0			
Able to maintain O2 sats >92% on room air	2	O2 SATURATION		
Needs O2 inhalation to maintain O2 sats >/= 90%	1			
O2 sats <90% even on supplemental O2	0			
		TOTALS		

NOTES-

CONDITION ON TOW ☐Good ☐Fair ☐Poor ☐Critical

PRACTITIONER'S/NURSE'S NAME	PRACTITIONER'S/NURSE'S SIGNATURE/INITIAL	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	

Place EKG Strip Here

VITAL SIGNS • Pulse ^Diastolic v Systolic

Hours: 15, 30, 45, 00, 15, 30, 45, 00, 15

220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 0

O2 Sat %

R/R

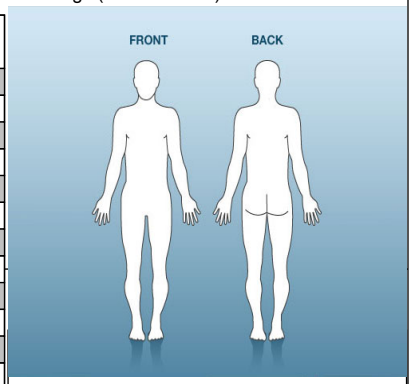
Temp

Dermatone

Pain

Remarks

Dressings (mark location)



Admission Condition

Discharge Condition

MEDICATIONS

TIME	DRUG	DOSE	ROUTE	NURSE

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