PACU REPORT SHEET

PACU ARRIVAL Date: _____ Time: _____

Report Time: _____NURSE: _____ Transfer Time: _____

Patient: _____

ASA: I II E (circle one) History: _____

PROCEDURE: _____

M F (circle one) Age: ____

ALLERGIES: □NKDA □OTHER_____

ANESTHESIA: □LOCAL □GETA □LMA □MAC □SPINAL_____LEVEL

ANESTHESIA PROVIDER: _____

FLUIDS: LR / NS _____ml _____ga IV LOCATION:_____

EBL: _____ML

URINE OUTPUT: _____ML Foley or Straight Cath Time: _____

MEDS:

_____ VERSED	_____ZOFRAN	_____ANCEF@_____
_____ FENTANYL	_____REGLAN	_____CLINDA@____
_____ PROPOFOL	_____DROPERIDOL	_____ ZOSYN@____
_____ MORPHINE	_____DECADRON	____ROCEPHIN@____
_____ DEMEROL		
_____ DILAUDID		
_____ TORADOL@_____		

Pre & Post Op Vital Signs

_____ B/P	_____B/P	LOC: _____
_____ HR	_____HR	4 Awake & Alert
_____ TEMP	_____TEMP	3 Occasionally Drowsy
_____ RESP	_____RESP	2 Frequently Drowsy
_____ SpO2	_____SpO2	1 Somnolent, Min/No Response
_____ N/V	_____N/V	
_____ PAIN	_____PAIN	

DRESSING/DRAINS:

_____

_____

NOTES:

_____

_____

NAVHOSPLEM 6320/414 (2-2012)