UNIVERSITY
MEDICAL CENTER

PACU RECORD
Floating Sheet

Addressograph

PATIENT CARE NEEDS	EXPECTED PATIENT OUTCOMES	Goal Achieved Yes	No
1. Maintain Respiratory Function	Non-labored regular respirations SAO_2 > 92% on RA		
2. Maintain Temperature	96.8-100.5 or within pre-op limit		
3. Maintain Cardiac Output	SBP minimum 90; P.50-120 or limits SBP < 20% to > 30% pre-op pressure		
4. Maintain Appropriate Level of Consciousness	Awake or easily arousable, responds to command or returns to pre-op status		
5. Maintain Skin Integrity	Incisions intact, Dressing intact and dry		
6. Maintain Fluid Volume	All tubes, catheters, drains, IVs patent, v/s within criteria range		
7. Mobility	Moves all 4 extremities to pre-op level		
8. Maintain GI Function	No vomiting, o VS changes for 30 minutes after antiemetic administered		
9. Maintain Urinary Output	No bladder distention, Urinary output 25cc/hr. > 25Kg (1cc/Kg/hr. < 25Kg)		
10. Comfort	State pain eased		
11. Safety	Nameband on Side Rails up / Bed in low position		

DATE:

DISCHARGE ASSESSMENT

NEURO: ❑ FULLY AWAKE ❑ DROWSY ❑ LETHARGIC ❑ NON-RESPONSIVE
MOVES EXTREMITIES: ❑ ALL 4 ❑ 2 ❑ 0 ❑ NA
ABLE TO FEEL: ❑ ALL 4 ❑ 2 ❑ 0 ❑ NA

RESPIRATORY: *RESPIRATION:* ❑ NORMAL ❑ DEEP ❑ SHALLOW ❑ LABORED ❑ VENTED
BREATH SOUNDS: ❑ CLEAR ❑ CRACKLES ❑ RHONCHI ❑ DIM/ABSENT ❑ WHEEZE
COLORS: ❑ NORMAL/PINK ❑ PALE ❑ FLUSHED ❑ DUSKY ❑ CYANOTIC ❑ JAUNDICED

CARDIAC: *ECG MONITORED:* ❑ YES ❑ NO

GU: FOLEY/CBI: ❑ NA ❑ CLEAR AMBER ❑ HEMATURIA ❑ DARK AMBER ❑ OTHER ______

GI: ABDOMEN ❑ SOFT ❑ DISTENDED ❑ OTHER ______
NAUSEA: ❑ YES ❑ NO EMESIS: ❑ YES ❑ NO

SKIN: *DRSG. DRY/INTACT:* ❑ YES ❑ NO ❑ NA
REINFORCED: ❑ YES ❑ NO
DRAINAGE: ❑ NONE ❑ SEROUS ❑ SANGUINOUS ❑ PURULENT

IV SITES: ❑ PATENT ❑ NA ❑ OTHER ______

GYN: ❑ NA *VAGINAL BLEEDING:* ❑ SCANT ❑ SMALL ❑ MOD ❑ LARGE ❑ NONE

TRANSFER SUMMARY

DISCHARGE TIME ______ VS: BP ______ P ______ R ______ T ______

ORDERS REVIEWED ❑ FLOOR BP ______
PATIENT TRANSFERRED TO: ❑ I.C.U. ❑ C.C.U. ❑ S.D.S. ❑ NURSING UNIT

TRANSFERRING RN: ______ REPORT GIVEN TO: ______

Discharge Pain Assessment Scale 0 ———— 10

Surgical Waiting Area Notified of Patients arrival to room ______