HOSPITAL POST ANESTHESIA RECORD

DIAGNOSTIC PROCEDURES

TIME	TEST	RESULTS/REMARKS	MD NOTIFIED

INTAKE

TIME	AMT STARTED	IV SOLUTION	AMT ABSORBED	BLOOD ABSORBED	ORAL	AMT
PACU TOTAL						
OR TOTAL						
GRAND TOTAL						

OUTPUT

TIME	URINE	EMESIS	NGT	HV	JP	CHEST TUBE	EBL
PACU TOTAL							
OR TOTAL							
GRAND TOTAL							

TIME	NOTES

INITIALS	R.N. SIGNATURE

MEDICATION	ROUTE	TIME	DOSE	RN	TIME	DOSE	RN	TIME	DOSE	RN	TIME	DOSE	RN	TIME	DOSE	RN

DISCHARGE SUMMARY

TIME: _____ A.M. / P.M.

☐ VITAL SIGNS STABLE

☐ DRESSING DRY ☐ OTHER _____ N/A

☐ DRAINS PATENT ☐ N/A

INPATIENT

☐ IV PATENT Rm. #: _____

☐ PCA ☐ IV ☐ EPI

☐ ID BAND PRESENT ☐ O_2 ☐ MONITOR

☐ REPORT GIVEN TO: _____

OUTPATIENT

☐ UP IN CHAIR @ _____

☐ IV/HL D/C

☐ INSTRUCTIONS GIVEN/VERBALIZE UNDERSTANDING

☐ TOLERATING PO FLUIDS (as per protocol)

DISCHARGED WITH FAMILY/RESPONSIBLE ADULT

☐ VIA W/C ☐ AMBULATORY ☐ OTHER

ACCOMPANIED BY:

☐ TRANSPORTATION ☐ NURSE ☐ OTHER

DISCHARGED BY:

SIGNATURE DATE