Your Hospital's Logo Here

IN & OUT SURGERY DISCHARGE ASSESSMENT

PATIENT IDENTIFICATION

DATE:	TIME: (Military Time)	VITAL SIGNS		
		TIME:	TEMP:	BP:
SURGERY:		RESP:	PULSE:	OXYGEN SAT:

ARRIVED FROM: ☐ I/O RECOVERY ☐ MAIN OR ☐ PACU ☐ OTHER: .....

MODE OF ARRIVAL ☐ STRETCHER ☐ WHEELCHAIR ☐ RECLINER ☐ AMBULATORY

DISCHARGE PLAN OF CARE

NURSING ASSESSMENT / OBSERVATION

I. LEVEL OF CONSCIOUSNESS / MENTAL STATUS

- ☐ Fully awake and alert
- ☐ Drowsy: easily arousable
- ☐ Oriented X ___ to: person / place / time
- ☐ Other: _____

II. TRANSFERS FROM STRETCHER / WHEELCHAIR TO RECLINER:

A. Transfers from Stretcher / Wheelchair to Recliner:

- ☐ Easily with stand-by assistance; steady to feet
- ☐ Unsteady on feet and required assistance due to: _____
- ☐ Other: _____

B. Ambulation:

- ☐ Independent with steady gait
- ☐ Gait unsteady and assistance required
- ☐ Demonstrates safe ambulation w/: *(if applicable)*
  ☐ *Crutches* ☐ *Cane* ☐ *Walker* ☐ *Post-Op Shoe*
- ☐ Non-ambulatory: bedridden / wheelchair - bound
- ☐ Weight bearing tolerance of operative extremity: _____

C. *Describe problems, if any. _____

III. FLUID INTAKE (ORAL AND INTRAVENOUS):

- ☐ Drinking adequate oral fluids w/ out problems
- ☐ Type of Liquids _____ Amount _____

* **Describe problems, if any.**

- ☐ Peripheral IV - Type / Location and Patency: _____
- ☐ Total amount of volume infused _____
- ☐ IV discontinued @ _____ by _____
- ☐ Condition of site is clear

NURSING ASSESSMENT / OBSERVATION

IV. SURGICAL / DRESSING SITE ASSESSMENT:

A. Location: _____

TYPE OF DRESSING _____

DRESSING: ☐ DRY / INTACT ☐ CHANGED

DRAINAGE (COLOR / AMOUNT) _____

B. Other Surgical / Dressing Site? ☐ None ☐ Yes

C. Ice Pack Applied to: _____

V. PERIPHERAL-VASCULAR ASSESSMENT TO OPERATIVE EXTREMITY:

Skin: _____ Elevated? ☐ No ☐ Yes

Skin Temp: _____

Color:

Ability to Move:

Sling Given:

Numbness / Tingling:

Pulse(s):

Dialysis Patients Only-Bruit Present?

- ☐ Yes _____
- ☐ No* _____

Other: _____

IV. VOIDING ASSESSMENT:

- ☐ Not required per discharge criteria
- ☐ Reportedly voided without any problems.
- ☐ Urinary catheter in place - describe type / amount of output: _____
- ☐ Instructions reviewed for care of catheter
- ☐ ***Describe problems, if any**
- ☐ Other: _____

(NOTE: For entries marked with an asterisk (*), see supplemental notes on back of this page)

PART OF THE MEDICAL RECORD

DISCHARGE PLAN OF CARE (Continued)

NURSING ASSESSMENT / OBSERVATION

VII. PAIN LEVEL: DESCRIBE TYPE & LOCATION OF PAIN:

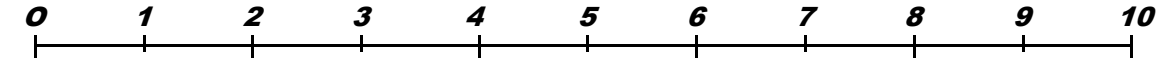
_____

☐ ***Rate the intensity of pain (on barscale below):**

PAIN SCALES:

WONG-BAKER: *(Faces)*

0-10 VISUAL: *(Numeric)*



VERBAL: No Hurt | Hurts Little Bit | Hurts Little More | Hurts Even More | Hurts Whole Lot | Worst Pain

NON-COGNITIVE: *(FLACC Score)*

[1] Sum FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY scores to calculate FLACC Score.
[2] Record FLACC Score w/ 0-10 Numeric Scale above.

____ FACE	____ LEGS	____ ACTIVITY	____ CRY	____ CONSOLABILITY
0 = No particular expression or smile	0 = Normal position, relaxed	0 = Lying quietly, normal position, moves easily	0 = No crying (awake or asleep)	0 = Content, relaxed
1 = Sporadic grimace / frown, withdrawn, disinterested	1 = Uneasy, restless, tense	1 = Squirming, shifting back and forth, tense	1 = Moans or whimpers, occasional complaint	1 = Reassured by sporadic hugging, touching or talking to, distractable
2 = Frequent / constant frown, clenched jaw, quivering chir	2 = Kicking, or legs drawn up	2 = Arched, rigid or jerking	2 = Crying steadily, screams or sobs, frequent complaints	2 = Difficult to console or comfort

TIME	PAIN LOCATION	SEDATION (LOC) RATING	PAIN RATING	INTERVENTION	INITIALS	EVALUATION TIME / PAIN #	INITIALS

☐ ***Describe problems of pain and effectiveness of Analgesic(s) if given:** _____

☐ Reportedly free of pain / discomfort _____

☐ Pain level at time of Discharge _____

NURSING ASSESSMENT / OBSERVATION

VIII. DISCHARGE INSTRUCTIONS:

☐ Physicians Order Sheet reviewed

☐ Verbally reviewed with: _____

☐ Written discharged instructions signed and given to: _____

☐ Post Op teaching given for _____

_____

☐ Type of supplies / Eye Kit given for home use:

_____

NURSING ASSESSMENT / OBSERVATION

IX. DISCHARGE PREPARATION:

☐ Discharging MD: _____

☐ Discharge criteria met? ☐ No* ☐ Yes

☐ Patient dressed with supervision? ☐ No ☐ Yes

☐ Valuables returned to and identified by patient

☐ Patient Belongings Sheet signed

☐ Prescriptions reviewed & given ☐ No ☐ Yes

List any: _____

_____

X. DISCHARGE ASSESSMENT

☐ Patient discharged via:

☐ Wheelchair ☐ Alone ☐ Ambulatory

☐ Ambulance ☐ Other: _____

☐ Patient discharged from unit at _____ (Military Time)

☐ Escorted by staff member to vehicle / other to the care of: _____

☐ Phone number where patient may be reached tomorrow: _____

STANDARD DISCHARGE PLAN OF CARE IMPLEMENTED: ☐ YES ☐ NO

STANDARD OUTCOMES ACHIEVED WITHOUT DIFFICULTY: ☐ YES ☐ NO

If "NO", Explain Exception: _____

INDIVIDUAL PLAN OF CARE: ☐ YES (see below) ☐ NO

SPECIFIC NEED	EXPECTED OUTCOME	NURSING ORDERS

ALLERGIES (list):

TIME MEDICATIONS GIVEN	DRUG	DOSE	ROUTE	NURSE'S SIGNATURE / TITLE

DATE / TIME	NURSING NOTES

SIGNATURE:	TITLE:	DATE:	TIME: (Military Time)