### ANESTHESIOLOGIST'S ORDERS / NOTES

1. Fentanyl: _mcg IV for pain rated 4 to 10/10. If pain rating remains 4 to 10/10, may repeat dose every 5 minutes._

2. Percocet (circle one dose): one tablet OR two tablets PO for pain rated 4 to 10/10.

3. Tylenol #3 (circle one dose): one tablet OR two tablets PO for pain rated 4 to 10/10.

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### Discharge Aldrete Score

- **Activity:** able to move voluntarily or on command
  - 4 extremities: 2
  - 2 extremities: 1
  - 0 extremities: 0

- **Respiration:** able to deep breathe and cough freely
  - 2

- **Dyspnea:** shallow or limited breathing
  - 1

- **Apgar:**
  - 0

- **Circulation:**
  - BP ± 20 mm of preanesthetic level: 2
  - BP ± 20 - 50 mm of preanesthetic level: 1
  - BP ± 50 mm of preanesthetic level: 0

**Consciousness:**
- Fully awake: 2
- Arousal on calling: 1
- Not responding: 0

**O₂ saturation:**
- Able to maintain O₂ saturation > 92% on room air: 2
- Needs O₂ inhalation to maintain O₂ saturation > 90%: 1
- O₂ saturation < 90% even with O₂ supplementation: 0

A score of ≥9 was required for discharge. Total Score: 10

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### OUT PATIENT POST ANESTHESIA CARE RECORD

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POST ANESTHESIA ASSESSMENT

INITIALS

TIME

1. O2 Therapy: ROOM AIR=RA NASAL CANNULA=NC FACE MASK=FM TRACHEOSTOMY=TP
   AIRWAY NASAL ( ) ORAL ( )
   PATIENT INTUBATED ( ) NASAL ( )

4. RESPIRATIONS: SPONTANEOUS=S REGULAR & EFFORT=R DEEP=D MODERATE=M SHALLOW=SH

5. SEDATION-AGITATION SCALE (SAS)

6. ALERT & ORIENTED TO PERSON, PLACE AND TIME

7. SKIN QUALITY: WARM=W DRY=D COOL=C MOIST=M

8. DRESSING DRY AND INTACT

9. SURGICAL DRAINS PATENT

10. IV SIZE/LOCATION IV PATENT?

11. SENSORY DERMATOME LEVEL*

12. MOTOR FUNCTION* RIGHT/LEFT

13. NAUSEA=N EMESIS=E

14. ABLE TO AMBULATE

15. TAKING PO FLUIDS

16. INSTRUCTIONS REVIEWED POST OR POST ANESTHESIA

17. SKIN INTEGRITY EVERY 2 hrs INTACT

18. PAIN SCALE 0-10

19. SIDE RAILS UP/BRAKES ON/ALARMS ON

20. NEUROVASCULAR: Affected Extremity P=Palpable A=Absent D=Doppler

21. CAP REFILL B=BRISK S=SLUGGISH (>3 SECONDS)

22. OTHER

NURSE’S NOTES

DOCUMENT PAIN CONTROL ASSESSMENT AND INTERVENTIONS ON DISCHARGE AND PRN. See Progress Notes

__________________________
SIGNATURE
__________________________
TITLE
__________________________
INITIALS
__________________________
SIGNATURE
__________________________
TITLE
__________________________
INITIALS

DISCHARGING NURSE
R.N. TIME OUT
TO/ WITH
TOTAL TIME

OUT PATIENT POST ANESTHESIA CARE RECORD
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