Admitting diagnosis/Procedure _____

Attending Physician _____

Isolation ☐ Yes ☐ No Type/Reason _____

Allergies _____

PMH _____

_____

Mental Status _____ Sitter Required ☐ Yes ☐ No

Family Present ☐ Yes ☐ No Lab test pending ☐ Yes ☐ No FS _____

Critical results called to Physician ☐ Yes ☐ No If yes, list _____

Recent vital Signs _____ am/pm Temp _____ BP _____ Resp _____ Pulse _____ 02 Sat _____

Additional Data _____

_____

Medication/Treatment given: _____ Antibiotic: First Dose time _____

☐ PCA (see flowsheet): _____

☐ Epidural (see flowsheet) _____

Skin Intact ☐ Yes ☐ No If no, describe _____ Pain Score: (0-10 Scale) _____

EKG Monitor	☐ Yes ☐ No	Rhythm:			
		Type/Size	**Rate**	**I/O**	
Oxygen	☐ Yes ☐ No				
IVF	☐ Yes ☐ No				
IV Drips	☐ Yes ☐ No				
NGT/G-Tube	☐ Yes ☐ No				
Chest Tube	☐ Yes ☐ No				
Drains	☐ Yes ☐ No				
Dressing	☐ Yes ☐ No				
Foley	☐ Yes ☐ No				

Comments _____

_____

RN Completing Report (Print) _____ (Signature) _____

Report Called to _____ Date _____ Time _____

Personal Belongings to floor ☐ Yes ☐ No _____

RN Receiving Patient (Signature) _____ Date _____ Time _____

Patient Label

PACU TRANSFER FORM