

HOSPITAL
POST ANESTHESIA CARE UNIT RECORD

Date _____ Time _____ Admitting RN _____

Procedure _____

Pertinent History _____ EBL _____

ANESTHESIA: Gen IV Reg Spinal Epid
 Local IV Sedation _____

Anesthesiologist _____

ADMISSION ASSESSMENT:

Airway Support: None OPA NPA Chin Time DC _____

Trach ETT Extubated by _____ Time _____ (*breath sounds)

Bilateral Breath Sounds: Normal (Clear, Deep) Yes No*

Supplemental Sheet
SAFETY MEASURES

Additional Nurses Notes

ID Bracelet

Straps On

Monitor Alarms Set

Burner Pads

Brakes On

Soft Restraints

Codes:

FIO₂ Method:

A = Ambu

V = Ventilator

BB = Blowby

NC = Nasal

Cannula

FT = Face Tent

M = Mask

RA = Room Air

Vital Signs:

x = A-Line BP

x = _____

y = Automatic

^ Cuff BP

o = Manual

o Cuff BP

* = Pulse

RR = Respiratory

Rate

C = Crying

General:

NA = Not

Applicable

* = See Nurses

Notes

Temp Route:

PO = By Mouth

S = Skin

Ax = Axillary

R = Rectal

E = Esophageal

T = Tympanic

Time	SpO ₂	FIO ₂	Method	RR	Pain	Temp	Route
220							
200							
180							
160							
140							
120							
100							
80							
60							
40							

POST ANESTHETIC SCORE:

Criteria	Score	Adm.	15 Min	Disch
SpO ₂ >90% Room Air	2			
SpO ₂ >90% with O ₂	1			
SpO ₂ >80% with O ₂	0			
Spontaneous Resp s Airway	2			
Spontaneous Resp c Airway	1			
Respiratory Support Needed	0			
SBP ± 20mm Pre Op	2			
SBP ± 20-50mm Pre Op	1			
SBP ± 50mm Pre Op	0			
Aware of Self & Surroundings	2			
Arousable on Calling	1			
Unresponsive to Mild Stimuli	0			
Moves 4 Extremities on Command	2			
Moves 2 Extremities on Command	1			
Moves 0 Extremities on Command	0			
TOTAL				

OPERATIVE SITE:

Time	Location	#1	#2
			<input type="checkbox"/> NA
	Packing / Drain t.		
	Dressing Dry & Intact	<input type="checkbox"/> Ad <input type="checkbox"/> Dis <input type="checkbox"/> NA	<input type="checkbox"/> Ad <input type="checkbox"/> Dis <input type="checkbox"/> NA
	Unmeasurable Drainage	Ad : Dis	Ad : Dis
	Description		
	Amount		
	Action		
	Ice Pack On		
	Perf/Drip Pad On	<input type="checkbox"/> Yes	Changed X

TEMPERATURE CONTROL:

Warm Blankets Bair Hugger
 Heat Lamp Setting: HI Med Lo
Time On _____ _____
DC _____

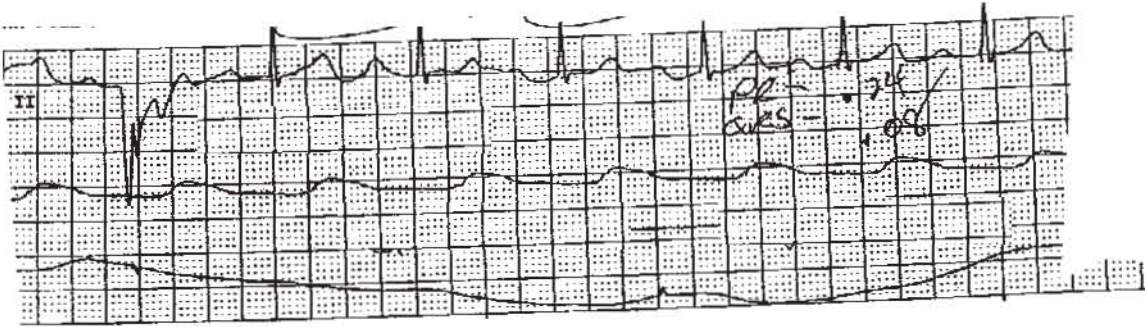
PAIN SCALE: 0-10 (Adult) 0-5 (Peds) Cries 0-10 (28 Days - 2 yrs)

MEDICATIONS:

TIME	Focus	D = Data	Action (Drug, Dose, Route, IM Site)	MD Ordering	Response	Initials

ALLERGIES:

Codes:
Operative Site:
t = See Output Summary
Ad = Admission
Dis = Discharge
Drainage: Amount:
Ser = Serous Sm.
San = Sanguinous Mod
Ser/San = Sero- Lar.
Sanguinous
Action:
Ch = Changed N = None
Re = Reinforced
Cr = Area Circled
Medication Response:
0 = No relief BP↑
1 = Slight relief BP↓
2 = Moderate relief
3 = Complete relief



Time	Focus	NURSES NOTES D = Data A = Action R = Response	Initials

FLUID SUMMARY:

INTAKE

Soln	Location	IV Site Assess	Amount From OR	Amount Started PACU	Time Started	PACU Vol. Given

TOTAL VOLUME

Foley Catheter to Drainage

MEASURABLE OUTPUT

Time	Urine Amount	Colc	Type: Amount Describe		Type: Amount Describe	
			Amount	Describe	Amount	Describe

TOTALS

Time	PACU Nurse Signature	Initials

TESTS

Test	Time Done	Results Received	Report on Chart	Abnormal Reported to

Time **MISCELLANEOUS** LCS - Low Constant Suction
 LIS - Low Intermittent Suction

Naso-Gastric Tube LCS LIS None

Sequential Compression Stockings Pressure Setting

TEDs RA Knee High Thigh High

TRANSFER SUMMARY (Complete Post-Anesth. Score & Operative Site -- Reverse Side)

Transferred to _____
Date _____ Time _____
Transported by _____

Mode of Transportation Stretcher Bed Wheelchair
 Chart, Kardex, Addressograph Patient Prescription on Chart

Transported on: Oxygen Cardiac Monitor

Report Given to _____

Floor Admission Vital Signs: BP _____ P _____ R _____

Comments Uneventful _____

Family Notified Unavailable To be notified by ASD

B, L, D, T, or M After Name -- Relief for Break, Lunch, Dinner, Transport, or Medication

Discharged by _____ M.D. Time _____