

DATE	TIME	PROCEDURE
SURGEON		
TYPE ANESTHESIA	ANESTHESIOLOGIST	ANESTHESIOLOGIST SIGNATURE
ALLERGIES		

ORDERS / MEDS / TREATMENTS	GIVEN BY	TIME	SITE	PACU Score			Admission	15 mins	Transfer
				Activity	Respiratory	Circulation			
				Pre-Op BP _____					
				Consciousness					
				O <sub>2</sub> Saturation					
				Total					
				AIRWAY DEVICE / O <sub>2</sub> THERAPY	TIME INITIATED	TIME DC'D	GU IRRIGANT		
				HHFT 98% / 10 L/min			IN	OUT	
				Nasal Cannula _____ L/min					
				<input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway					
				<input type="checkbox"/> LMA <input type="checkbox"/> Endotracheal tube					
				Other _____					

Time	Amount	IV Solutions and Additives	Rate	Site	Assessment Admit/Transfer	PH I cc Absorbed	Amt Remains	PH II cc Absorbed	INTAKE	PH I	PH II	OUTPUT	PH I	PH II
									PO			EMESIS		
									IV			URINE		
									BLOOD			DRAINS		
									OTHER					
									TOTAL			TOTAL		
		Arterial line 500 units Heparin 500 ml NS					Neurovascular assessment		Admit	Discharge	<input type="checkbox"/> IV D/C at _____		<input type="checkbox"/> Site Assessment at D/C	

<input type="checkbox"/> Side Rails	<input type="checkbox"/> Safety Straps	<input type="checkbox"/> Bumper Pads
<input type="checkbox"/> Warm Touch	<input type="checkbox"/> Warm Blanket	<input type="checkbox"/> Other _____
Position of bed _____		
Position of extremity _____		
Orthopedic Device _____		
Ice bag _____		
TED Hose	<input type="checkbox"/> Knee	<input type="checkbox"/> Thigh <input type="checkbox"/> Pneumatic Stockings
OOB _____		

<input type="checkbox"/> Dressed self	<input type="checkbox"/> Assisted with dressing
Signature _____	Initials _____
_____ RN	_____ RN
_____ RN	_____ RN
_____ RN	_____ RN

TRANSFER/DISCHARGE INFORMATION	
<b>PHASE I</b>	
Time criteria met _____	Acuity level _____
Time transferred to Phase II _____	Via _____
Report by _____	Received by _____
<b>PHASE II</b>	
Time criteria met _____	Discharge Time _____
Via _____	Accompanied by _____
TO ROOM, # _____	
Via _____	O <sub>2</sub> via _____ Cardiac monitor <input type="checkbox"/>
BP _____	T _____ P _____ R _____
Report by _____	Received by _____
Time transfer complete _____	
<b>PATIENT BELONGINGS</b>	
Phase I _____	Phase II _____
ADDRESSOGRAPH	

**HEALTHCARE**  
Hospital

**PACU FLOWSHEET**

Time																	
B.P. Systolic																	
Diastolic																	
Pulse																	
Respirations																	
SaO <sub>2</sub>																	
ETCO <sub>2</sub>																	
Temperature																	
P.A.P. Systolic																	
Diastolic																	
Mean P.A.P.																	
Wedge																	
CVP																	
Dermatome																	

A S S E S S M E N T S																		
Neurological																		
Pupils																		
Respiratory																		
Cardiovascular																		
Integumentary																		
Pain																		
Neurovascular _____																		
Musculoskeletal _____																		
Gastrointestinal																		
Genitourinary																		
Psychosocial																		
Initials																		

Time	Nurses Progress Notes	Nursing Plan of Care	<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric	Time	Nurses Progress Notes

OPERATIVE SITE/TIME							
1 _____							
2 _____							
3 _____							
4 _____							
<b>DRAINS</b>							
1 _____							
2 _____							
3 _____							
4 _____							

		RN	ADDRESSOGRAPH
		RN	
		RN	
		RN	

Hospital

Member, HealthCare Mid-Atlantic

PACU FLOWSHEET