

OPERATION PERFORMED		AGENTS AND TECHNIQS OF ANESTHESIA												OXYGEN THERAPY				
														ROUTE	L/M	%	ON	OFF
HOURS(S)		15	30	45	15	30	45	15	30	45	15	30	45	MASK				
TEMPS:																		
●PULSE																		
CVP:																		
✕B.P.																		
	220																	
	200																	
	180																	
	160																	
	140																	
	120																	
	100																	
	80																	
	60																	
	40																	
	20																	
RESP. RATE																		
NUMBERS FOR REMARKS																		

FLUID THERAPY				
TYPE	5%	BLOOD	SALINE	OTHER
OPERATING ROOM				
RECOVERY ROOM				
TOTAL				
BLOOD LOSS IN OR: _____ CC				
WARD PRE-OP B / mmHg _____				
TUBES: <input type="checkbox"/> N/G <input type="checkbox"/> FOLEY				
IV IN _____ c _____ cc				
OF _____ AT _____ cc/hr				
IV IN _____ c _____ cc				
OF _____ AT _____ cc/hr				
ART. LINE IN _____				
T-TUBES, HEMOVAC IN _____				

ADMISSION		DISCHARGE	
FROM MOR/SPEC. STUDY		TO WARD _____	
DATE _____	HRS _____	DATE _____	HRS _____
DRESSINGS: LOCATIONS		STATUS: _____	
STATUS: _____		STATUS: _____	
ENDOTRACHEAL TUBE - ORAL OR NASAL			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
AIRWAY			
<input type="checkbox"/> CLEAR <input type="checkbox"/> PLAST AIRWAY		STATUS: _____	
<input type="checkbox"/> OBSTRUCTS EASILY			

URINARY OUTPUT					
TIME					
CC					
TOTAL					
SP, GR					
S/A					

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES

POST-ANESTHESIA RECOVERY SCORE (ALDRETE SCORE)			A	D
Able to move 4 extremities voluntarily or on command	2			
Able to move 2 extremities voluntarily or on command	1	Activity		
Able to move 0 extremities voluntarily or on command	0			
Able to deep breathe and cough freely	2			
Dyspnea or limited breathing	1	Respiration		
Apneic	0			
BP±20% of preanesthetic level	2			
BP±20-50% of preanesthetic level	1	Circulation		
BP±50% of preanesthetic level	0			
Fully awake	2			
Arousable on calling	1	Consciousness		
Not responding	0			
Pink	2			
Pale, dusky, blotchy, jaundiced, other	1	Color		
Cyanotic	0			
TOTALS				

NAUSEA AND VOMITING: NO YES → 1 2 3 4 5 6 TIMES

CAUDAL, SPINAL, OR EPIDURAL BLOCK
 MOVEMENT PRESENT AT _____ HRS
 SENSATION PRESENT AT _____ HRS

CONDITION ON TWO: GOOD FAIR POOR CRITICAL

SIGNATURE OF RECEIVING AND RELEASING OFFICERS	AOW
	TOW

RECOVERY: COMPLICATED UNEVENTFUL

PATIENT'S IDENTIFICATION

