

RECOVERY RECORD

Date: _____ Time: _____ Aldrete Score: _____

Procedure: _____ Agents Utilized: _____

	Baseline	Q 5 min	Q 5 min	Q 5 min	Q 10 min	Q 10 min	Q 15 min
Time							
BP							
Pulse							
Resp							
SaO2							
Pain: 0-10 or VAS							

Temperature: _____

Patient's condition on arrival: (Check response as indicated)

- Fully Awake
 Arousable
 Cooperative
 Combative
 Other _____

Does Patient respond appropriate to commands: Yes No

IV: PATENT INFILTRATED

Type of Fluid: _____

Amount Received in the OR: _____ Amount Received in Recovery Room: _____ Total Intake: _____

Dressing / Packs (type and location): _____

Amount and appearance of drainage (check one) Expected Unexpected

Dressing / Packs changed @: _____ HRS _____ HRS _____ HRS

Comments: _____

Supplemental Oxygen (if SaO2 < 95%): _____ l / minute Discontinued @: _____

EKG (If indicated: Describe Rhythm): _____

Medications (given in Recovery Room): _____

Urination prior to discharge required: Yes No

Recovery Area Corpsman / Nurse	Signature	Date/Time
Practitioner Name	Signature	Date/Time
Patient Identification <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; DOB; Rank/Grade.)</i>	Hospital or Medical Facility	
	Sponsor's Name	
	SSN/ID No.	

The patient's post-operative pain is adequately controlled.

Yes

No

CRITICAL PATH COMPLETED: Yes

No

Discharge criteria met @: _____

Comments (exceptions noted on reverse side of this record):

Discharge @: _____ HRS

VIA: _____

TO: _____

Comments:

OUTPATIENT DISCHARGE CRITERIA:

Patients discharged directly from the clinic to home must meet the following criteria:

1. No respiratory distress.
2. Ability to maintain a patent airway.
3. No EKG changes
4. Vital signs are within +/- 20% of admission or pre-procedure recordings.
5. Adequate state of hydration.
6. Ability to ambulate or return to pre-procedure mobility level.
7. Ability to urinate (if specifically requested by provider).
8. Escort and patient are given verbal and written instructions and understand. The escort is able to assume the care of the patient.
9. The patient's pain is sufficiently controlled to allow the patient to be discharged.
10. Adequate control of nausea/vomiting.
11. Return to baseline or near baseline mental status.
12. 24 hour emergency contact information provided.

Discharge criteria, validation of orders and physician / dentist signature are on this record

DISCHARGE TO (CHECK ONE):

HOME

APU

WARD

FOLLOW-UP APPOINTMENT (CHECK ONE)

Yes

No (Not Required)

Recovery Area Corpsman / Nurse	Signature	Date/Time
Practitioner Name	Signature	Date/Time
Patient Identification <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; DOB; Rank/Grade.)</i>	Hospital or Medical Facility	
	Sponsor's Name	
	SSN/ID No.	