

McLaren Print System Order

Order No: 61812 Reprint Previous Order No: 13157
Order Date: 2021-04-20
User: Lisa Ardanowski
Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski
501 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 1000
Paragon Dept No: 30014
Dept Name: Surgery and Endoscopy Center Pain Clinic
Company Number: 60

Order Total Price: 224.00

Item Number: 17489
Item Description: OPS Anesthesia Record
Revision Date: 10/2019
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLAREN FLINT OPS ANESTHESIA RECORD

DATE: _____ TIME: _____ OF: _____ ASA: _____ ORIM # _____ ANESTHESIA TECHNIQUE: _____ REGIONAL: _____ SPC: _____
 Address: _____ ANES START: _____ ANES STOP: _____
 OFF: _____ Anesthesiologist: _____
 Preop dx: _____ Postop dx: _____

PRE-OP CHECKS

<input type="checkbox"/> 1. Chart reviewed	<input type="checkbox"/> 2. History	<input type="checkbox"/> 3. Temp	<input type="checkbox"/> 4. Allergy	<input type="checkbox"/> 5. Use stress	<input type="checkbox"/> 6. Pre-op Hx	<input type="checkbox"/> 7. PAIN PLAN
<input type="checkbox"/> 8. Chart reviewed	<input type="checkbox"/> 9. BP/HR	<input type="checkbox"/> 10. Cholesterol	<input type="checkbox"/> 11. Allergy	<input type="checkbox"/> 12. Allergy	<input type="checkbox"/> 13. Allergy	<input type="checkbox"/> 14. Allergy
<input type="checkbox"/> 15. Allergy	<input type="checkbox"/> 16. Allergy	<input type="checkbox"/> 17. Allergy	<input type="checkbox"/> 18. Allergy	<input type="checkbox"/> 19. Allergy	<input type="checkbox"/> 20. Allergy	<input type="checkbox"/> 21. Allergy

ANESTHESIA

<input type="checkbox"/> 1. Pre-induction	<input type="checkbox"/> 2. Pre-induction	<input type="checkbox"/> 3. Pre-induction	<input type="checkbox"/> 4. Pre-induction	<input type="checkbox"/> 5. Pre-induction	<input type="checkbox"/> 6. Pre-induction	<input type="checkbox"/> 7. Pre-induction
<input type="checkbox"/> 8. Pre-induction	<input type="checkbox"/> 9. Pre-induction	<input type="checkbox"/> 10. Pre-induction	<input type="checkbox"/> 11. Pre-induction	<input type="checkbox"/> 12. Pre-induction	<input type="checkbox"/> 13. Pre-induction	<input type="checkbox"/> 14. Pre-induction

DISCHARGE EVALUATION

1. Vital signs in patient's normal range yes no

2. Respiratory function stable, airway patent yes no

3. Cardiovascular function and hydration status stable yes no

4. Mental status recovered, patient participates in evaluation yes no

5. Pain control satisfactory yes no

6. Nausea and vomiting control satisfactory yes no

Comments: _____

Signature: _____

OPS ANESTHESIA RECORD
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