

McLaren Print System Order

Order No: 62866 Reprint Previous Order No: 13157
Order Date: 2021-06-08
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	SAC
			1, 2, 3, 4		GA		
Address	Room	Site			ANES START		ANES STOP

OFFER: _____ Anesthesiologist: _____
 Preop dx: _____ Postop dx: _____

PRE-OP CHECKS:

<input type="checkbox"/> 1. Chart reviewed	<input type="checkbox"/> 2. All NPOs	<input type="checkbox"/> 3. Temp	<input type="checkbox"/> 4. Airway assessment	<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 cuff	<input type="checkbox"/> 10. Cholesterol	<input type="checkbox"/> 11. All vitals	<input type="checkbox"/> 12. No. of teeth	<input type="checkbox"/> 13. No. of teeth	<input type="checkbox"/> 14. No. of teeth
<input type="checkbox"/> 15. All vitals	<input type="checkbox"/> 16. Pulse/Oximetry	<input type="checkbox"/> 17. Hb	<input type="checkbox"/> 18. All vitals	<input type="checkbox"/> 19. No. of teeth	<input type="checkbox"/> 20. No. of teeth	<input type="checkbox"/> 21. No. of teeth
<input type="checkbox"/> 22. All vitals	<input type="checkbox"/> 23. All vitals	<input type="checkbox"/> 24. All vitals	<input type="checkbox"/> 25. All vitals	<input type="checkbox"/> 26. All vitals	<input type="checkbox"/> 27. All vitals	<input type="checkbox"/> 28. All vitals
<input type="checkbox"/> 29. All vitals	<input type="checkbox"/> 30. All vitals	<input type="checkbox"/> 31. All vitals	<input type="checkbox"/> 32. All vitals	<input type="checkbox"/> 33. All vitals	<input type="checkbox"/> 34. All vitals	<input type="checkbox"/> 35. All vitals

ANESTHESIA RECORD

Time	SpO2	HR	RR	BP	Temp	EtCO2	MAC	Notes
08:00								
08:05								
08:10								
08:15								
08:20								
08:25								
08:30								
08:35								
08:40								
08:45								
08:50								
08:55								
09:00								
09:05								
09:10								
09:15								
09:20								
09:25								
09:30								
09:35								
09:40								
09:45								
09:50								
09:55								
10:00								

Discharge Evaluation Note

Initial signs in patient's normal range	<input type="checkbox"/> yes	<input type="checkbox"/> no
Respiratory function stable, airway patent	<input type="checkbox"/> yes	<input type="checkbox"/> no
Cardiovascular function and hydration status stable	<input type="checkbox"/> yes	<input type="checkbox"/> no
Motor status recovered, patient participates in evaluation	<input type="checkbox"/> yes	<input type="checkbox"/> no
Pain control satisfactory	<input type="checkbox"/> yes	<input type="checkbox"/> no
Recovery and vomiting control satisfactory	<input type="checkbox"/> yes	<input type="checkbox"/> no

Comments: _____

Signature: _____

OPS ANESTHESIA RECORD

Member 111-111111

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