

McLaren Print System Order

Order No: 48711 Reprint Previous Order No: 13157
Order Date: 2019-09-18
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: 5/2015
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: _____ OF _____ ASA: _____ DATE: _____ ANESTHESIA TECH: _____
 OR: _____ REGIONAL: _____ MIC: _____
 ANES START: _____ ANES STOP: _____

Signature: _____

Procedure:

PROCEDURE	DESCRIPTION	ANESTHETIC	MONITORING	OTHER	POSTOP
<input type="checkbox"/> General	<input type="checkbox"/> Sedation	<input type="checkbox"/> Local	<input type="checkbox"/> Pre-oxygenated	<input type="checkbox"/> SpO2	<input type="checkbox"/> Stable
<input type="checkbox"/> TIVA	<input type="checkbox"/> MAC	<input type="checkbox"/> Spinal	<input type="checkbox"/> Pre-emptive	<input type="checkbox"/> EtCO2	<input type="checkbox"/> Stable
<input type="checkbox"/> MAC	<input type="checkbox"/> Sedation	<input type="checkbox"/> Epidural	<input type="checkbox"/> Spinal	<input type="checkbox"/> EtCO2	<input type="checkbox"/> Stable
<input type="checkbox"/> Sedation	<input type="checkbox"/> Sedation	<input type="checkbox"/> Epidural	<input type="checkbox"/> Spinal	<input type="checkbox"/> EtCO2	<input type="checkbox"/> Stable

Vital Signs

HR	BP	SpO2	Temp	RR	ETCO2
60	120	95	37	12	35
70	130	95	37	12	35
80	140	95	37	12	35
90	150	95	37	12	35
100	160	95	37	12	35
110	170	95	37	12	35
120	180	95	37	12	35
130	190	95	37	12	35
140	200	95	37	12	35
150	210	95	37	12	35
160	220	95	37	12	35
170	230	95	37	12	35
180	240	95	37	12	35
190	250	95	37	12	35
200	260	95	37	12	35
210	270	95	37	12	35
220	280	95	37	12	35
230	290	95	37	12	35
240	300	95	37	12	35

Discharge Evaluation Note

Vital signs in patient's normal range yes no
 Respiratory function stable, strong patient yes no
 Cardiovascular function and hydration status stable yes no
 Mental status excellent patient participates in evaluation yes no
 Pain control satisfactory yes no
 Nausea and vomiting control satisfactory yes no

Comments: _____

Signature: _____

OPS ANESTHESIA RECORD 260