

McLaren Flint
POST-ANESTHESIA EVALUATION

Phase 1 PACU Discharge Note Following Procedure:

Post Anesthesia Evaluation		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Patient is stable postoperatively and has adequately recovered from anesthesia.
<input type="checkbox"/>	<input type="checkbox"/>	Vital Signs within 20% of pre-op value
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory function and oxygen saturation stable, airway patent
<input type="checkbox"/>	<input type="checkbox"/>	Adequate Hydration
<input type="checkbox"/>	<input type="checkbox"/>	Mental Status is acceptable
<input type="checkbox"/>	<input type="checkbox"/>	Pain Control Satisfactory
<input type="checkbox"/>	<input type="checkbox"/>	Patient temperature is appropriate
<input type="checkbox"/>	<input type="checkbox"/>	Nausea and vomiting control is satisfactory

- Direct Transfer to ICU/CCU
- Patient met discharge criteria from PACU
- Patient met discharge bypass criteria to phase II

Comments:

Anesthesia Provider Signature: _____ Date: _____ Time: _____

Next Day Visit Post Anesthesia Note: No adverse anesthesia reaction

Comments:

Anesthesia Provider Signature: _____ Date: _____ Time: _____

PT.

MR./#P

DR.