



GREATER LANSING

POST ANESTHESIA CARE UNIT – RECORD (PACU)

DATE	TIME	ARRIVED VIA <input type="checkbox"/> CART <input type="checkbox"/> CRIB <input type="checkbox"/> BED	POSITION: <input type="checkbox"/> FOWLERS <input type="checkbox"/> SUPINE <input type="checkbox"/> PRONE <input type="checkbox"/> LATERAL						
SURGEON		PROCEDURE							
ANESTHESIOLOGIST									
SPECIAL INFORMATION <input type="checkbox"/> SEE ANESTHESIA RECORD		REPORT FROM <input type="checkbox"/> DR <input type="checkbox"/> CRNA <input type="checkbox"/> RN							
ANESTHESIA <input type="checkbox"/> GENERAL <input type="checkbox"/> MAC <input type="checkbox"/> SPINAL/EPIDURAL <input type="checkbox"/> LEVEL _____		MONITORS WITH ALARMS ON <input type="checkbox"/> EKG <input type="checkbox"/> OXIMETRY <input type="checkbox"/> NIBP							
ALLERGIES <input type="checkbox"/> NKDA		PRE-OP BP	PRE-OP PULSE						
		PRE-OP SaO2	EBL						
OXYGEN: L/M _____ <input type="checkbox"/> NASAL CANNULA <input type="checkbox"/> TRACH <input type="checkbox"/> MASK % _____		AIRWAY ADJUNCTS: <input type="checkbox"/> NONE <input type="checkbox"/> OUT AT: _____							
DCTIME: _____ <input type="checkbox"/> PRB <input type="checkbox"/> VENT <input type="checkbox"/> FIO2 _____ % <input type="checkbox"/> NONE		<input type="checkbox"/> ORAL <input type="checkbox"/> NASAL <input type="checkbox"/> ETT <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> NTT <input type="checkbox"/> LMA							
DRAINS INTACT: <input type="checkbox"/> N.G. <input type="checkbox"/> FOLEY <input type="checkbox"/> S/P CATH <input type="checkbox"/> PENROSE <input type="checkbox"/> HEMOVAC		<input type="checkbox"/> PACKING <input type="checkbox"/> NONE							
<input type="checkbox"/> NONE <input type="checkbox"/> J/P DRAIN <input type="checkbox"/> WOUND-VAC <input type="checkbox"/> CHEST TUBE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> OTHER _____									
<b>TIME</b>		<b>TIME</b>	<b>INTAKE SOLUTION</b>	<b>RATE</b>	<b>SITE</b>	<b>CREDIT</b>	<b>ABS</b>	<b>CREDIT</b>	
<b>V S I T G A N S L S</b> 240 220 200  <b>R E S P</b> 180 160 140 120 100 80 60 40 20 0 <b>P U L S E</b> <b>B P V A</b> <b>C V P</b> <b>R E S P</b> <b>R A T E</b> <b>S a O<sub>2</sub></b> <b>O<sub>2</sub></b> <b>B l a n k e t s</b>									
TIME/TEMP		BLOOD PRODUCTS		IV FLUIDS		IRRIGATION		PO	
OPARS MINUTES		SOURCE		OUTPUT		TIME		TOTAL	
ACTIVITY		TIME		DRUG/DOSE		ROUTE		SITE	
RESP.		MEDICATIONS		DRUG/DOSE		ROUTE		SITE	
CIRC.		NURSE'S SIGNATURE		DRUG/DOSE		ROUTE		SITE	
LOC		INITIAL		DRUG/DOSE		ROUTE		SITE	
COLOR				DRUG/DOSE		ROUTE		SITE	
TOTAL				DRUG/DOSE		ROUTE		SITE	
INITIAL				DRUG/DOSE		ROUTE		SITE	
<p>LEGEND: ✓ YES    sn = See Narrative    NA = Not Applicable</p> <p>OPARS = Objective Post Anesthesia Recovery Score</p>									



260A

