Pre & Post Op Recovery Room Record

Date/Time _____ Surgeon Name _____

Operative Procedure _____ Verified ❑

_____ (Place ID label Here)

_____

Arrival Time Surgery Time

Pre-Admissions Assessment

HT _____ WT/Kg _____ Information Obtained From _____

CV: (-) HTN ASHD MI ANGINA CHF MURMUR/RF STENT
ARRHYTHMIA S/P CABG _____PCTA _____OVER 60 _____
LAST STRESS OR ANGIOGRAM _____ PACEMAKER

COMMENTS

TEST REQUIRED (Please Circle)
EKG BUN LYTES CR
DIL LEVEL PHENO. LEVEL
DIG LEVEL PROTIME CBC
LITHIUM LEVEL

RESP: (-) SOB/DOE INABILITY TO CLIMB STAIRS COUGH TB
EMPHYSEMA CH BRONCHITIS WHEEZING ASTHMA
SMOKING HISTORY (___PPD X ___YRS) QUIT _____YRS

PCP: _____

HOSPITAL: _____

AIRWAY: (-) TMJ CERV SPINE TONGUE SLEEP APNEA / CPAP
TEETH: LOOSE Y/N, CAPS / CROWNS / BRIDGES / BRACES, DENTURES: FULL/PARTIALS-REMOVABLE Y/N

NEURO: (-) STROKE TIA MIGRAINE DEMENTIA DEPRESSION PANIC ATTACKS
MYASTHENIA MS DEVELOPMENTALLY DELAYED PSYCHIATRIC DISORDERS
SEIZURE DISORDER SPINAL CORD INJURY PERIPERAL NEUROPATHY _____

GI/HEPATIC: (-) GERD OPEN/CONTROLLED/REFLUX ULCERS HYPERACIDITY IRRITABLE BOWEL
HIATAL HERNIA HEP A HEP B HEP C HEP D
CIRRHOSIS CROHN'S COLITIS DIVERTICULITUS

ENDOCRINE: (-) DIABETES ORAL HYPOGLYCEMICS INSULIN AVG. FASTING AM BLOOD SUGAR _____
STEROIDS THYROID HORMONE THERAPY CHILDBEARING HCG ON DOS
STERILIZATION LMP_____POST-MEN BLOODSUGAR on DOS

HEMATOLOGIC: (-) BLEEDING OR CLOTTING PROBLEMS ASA/PLAVIX/COUMADIN/NSAIDS ANEMIA
DR. NOTIFIED OF MOTRIN INTAKE BY PATIENT

MUSCULOSKEL: (-) DYSTROPHY ARTHRITIS RHEUMATOID SINGLE JOINT PROBS FIBROMYALGIA LOW BACK PAIN

RENAL: (-) FAILURE STONES TRANSPLANT DIALYSIS FREQ UTI INCONTINENCE INDWELLING CATHETER

DRUG: (-) ALCOHOL INTAKE STREET DRUGS / RECREATIONAL DRUGS DIET DRUGS VITAMIN / HERBAL SUPPLEMENTS

IMMUNE: (-) HIV CA _____

DISABILITIES: (-) GLASSES / CONTACTS OTHER _____

COMPLICATIONS (-) HIGH FEVER (MH) MUSCLE RELAXANT PROBLEMS SEVERE POST OP NAUSEA

DRUGS

❑ Instructed patient to bring all medications for verification day of surgery.

See medication reconciliation form.

PAIN HISTORY

Current pain meds: _____

Previous pain meds effective: _____

Pain scale: _____

ALLERGIES		OPERATIONS	
Latex Allergy Y❑ N❑			

Pre-Operative Teaching

❑ Ride Home / Responsible Adult
❑ NPO after MN
❑ Light Breakfast
❑ Clear Liquids until: _____
❑ No jewelry ❑ Body jewelry
❑ No nail polish ❑ No valuables
❑ Urine specimen
❑ Antibacterial shower
❑ Loose fitting clothes
❑ No make-up / No lotion

❑ Meds with Sip of Water
❑ Heart/BP
❑ Seizure
❑ Stomach/Reflux
❑ Ritalin
❑ Inhalers (bring with pt DOS)
❑ Insulin
❑ Other: _____

❑ Perioperative Teaching
❑ Length of stay
❑ 24º Post-op care
❑ No driving for 24º
❑ Directions to Facility

Special care items:
❑ Pediatric (blanket, cup, diaper, bottle)
❑ Cataract (post cataract kit & instructions)
❑ Orthopedic (crutches, walker)

❑ Safety Concerns discussed with patient
❑ Ethnic Needs
❑ Learning Needs

Advance Directive
❑ Yes ❑ No ❑ Pamphlet
❑ Hospital transfer

_____
SCREENING NURSE