

### MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

<b>REPORT TITLE</b> <b>POST-ANESTHESIA RECORD</b>	<b>OTSG APPROVED</b> (Date)
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PROCEDURE		ANESTHESIA		TIME IN		POST-ANESTHESIA SCORE					
SURGEON		ANESTHETIST		TIME OUT		SCORE	CRITERIA	AD	15/M		
AIRWAY		OXYGEN		Time Discontinued _____		2	Able to move 4 extremities				
						1	Able to move 2 extremities				
						0	Able to move 0 extremities				
DRAINS		CATHETERS		PACKING		HEMOVAC		2	Able to breathe deeply and cough freely		
								1	Limited breathing		
								0	Apnea		
DRESSING		ADMISSION		DISCHARGE		SPINAL LEVEL					
MEDICATIONS		ALLERGIES						2	BP ± 20% of pre-anesthetic level		
								1	BP ± 20%-50% of pre-anesthetic level		
								0	BP ± 50% of pre-anesthetic level		
								2	Fully awake		
								1	Arousable on calling		
								0	Not responding		
								2	Normal		
								1	Pale, dusky, blotchy, jaundiced		
								0	Cyanatic		
								TOTAL SCORE			
TIME											
OXYGEN SATURATION											
BLOOD PRESSURE											
DRESSING											
TEMPERATURE											
PULSE											
RESPIRATION											
PAIN LEVEL											
FLUID THERAPY - INTAKE				ORAL/PO		OUTPUT					
TIME STARTED	AMOUNT	TYPE	AMOUNT INFUSED	ACCUM. TOTAL	FOLEY	VOIDED _____					
					NG TUBE						
					EMESIS						
					HEMOVAC						
					EBL						

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC Post-anesthesia Care Unit, KACC	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL       FLOW CHART
- OTHER EXAMINATION OR EVALUATION       OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

