PERFERATED FOR REMOVAL AND PLACEMENT PERFERATED FOR REMOVAL AND PLACEMENT PERFERATED FOR REMOVAL AND PLACEMENT

NAME:_____ ASA CL:_____

AGE:_____ HEIGHT:_____ WEIGHT:_____ OCCUP:_____

ASA CLASSIFICATION

I. HEALTHY, UNDER 45
II. SINGLE FACTOR
III. COMPLICATIONS
IV. SEVERE ILLNESS
V. MORIBUND

MEDICAL HISTORY... ❑ YES ❑ NO
IV FORMS... ❑ YES ❑ NO
CONSENT FORMS... ❑ YES ❑ NO

HISTORY... ❑ YES ❑ NO
BLOOD STUDIES... ❑ YES ❑ NO
X - RAY... ❑ YES ❑ NO

PRE OP VITAL SIGNS

T:_____ P:_____ R:_____ BP:_____

PREMEDICATION

TECHNIQUE

OPERATION PROPOSED

OPERATIVE

SURGERY

REMARKS

IV SITE

IV NEEDLE

_____
OPERATING DOCTOR

_____
OPERATING DA

IMMEDIATE POST OP

VITAL SIGNS: T_____ P_____ R_____ BP_____

REFLEXES_____

CONDITION_____

OTHER_____

COMPLICATIONS

_____

_____

PATIENT DISCHARGED FROM RECOVERY IN _____ CONDITION IN THE COMPANY OF_____

_____
SIGNATURE OF D.A./ DOCTOR

		15	30	45	*	15	30	45	*	15	30
HOUR											
O2											
N2O											
DEMEROL/PHENERGRAN											
DIAZEPAM											
DECADRON											
NARCAN											
LIDOCAINE											
MARCAINE											
MIDAZOLAM											
	260										
. P											
o R	240										
v	220										
^ BP											
X ANES.	200										
OPER.											
	180										
FLUIDS	160										
5% DW	140										
	120										
	100										
	80										
	60										
	40										
	20										
	0										

NAME: _____ ASA CL: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ OCCUP: _____

ASA CLASSIFICATION

I. HEALTHY UNDER 45
II. SINGLE FACTOR
III. COMPLICATIONS
IV. SEVERE ILLNESS
V. MORIBUND

MEDICAL HISTORY .... ☐ YES ☐ NO
IV FORM ..... ☐ YES ☐ NO
CONSENT FORMS ..... ☐ YES ☐ NO
HISTORY ..... ☐ YES ☐ NO
BLOOD STUDIES ..... ☐ YES ☐ NO
X-RAY ..... ☐ YES ☐ NO

PRE OP VITAL SIGNS

T:____ P:____ R:____ BP:____ SAO_2:____

PREMEDICATION

TECHNIQUE _____

OPERATION PROPOSED _____

OPERATIVE

SURGERY

REMARKS

V SITE

V NEEDLE

_____
OPERATING DOCTOR

_____
OPERATING DA

_____
CIRCULATING DA

IMMEDIATE POST OP VITAL SIGNS

T:____ P:____ R:____ BP:____ SAO_2:____

REFLEXES _____

CONDITION _____

OTHER _____

COMPLICATIONS

_____

_____

PATIENT DISCHARGED FROM RECOVERY IN

_____ CONDITION IN THE COMPANY

OF _____

_____
SIGNATURE OF DA/ DOCTOR

HOUR	15	30	45	*	15	30	45	*	15	30
O_2										
N_2O										
DEMEROL/PHENERGRAN										
DIAZEPAM										
DECADRON										
ROMAZICON										
NARCAN										
LIDOCAINE										
MARCAINE										
MIDAZOLAM										
FLUIDS										
5% DW										

HOUR	15	30	45	*	15	30	45	*	15	30
BLOOD PRESSURE										
PULSE										
SAO_2										
RESPIRATION										
TEMPERATURE										