

Hand Help, Inc.

**POST ANESTHESIA
RECOVERY ROOM**



DATE:

PATIENT'S NAME:

DOB:

MRN:

PROCEDURE: 1. _____

2. _____

3. _____

PACU ADMISSION TIME: _____

1) **TIME** _____ **B/P** _____ **HR** _____ **RR** _____ **O2 SAT** _____

2) **TIME** _____ **B/P** _____ **HR** _____ **RR** _____ **O2 SAT** _____

3) **TIME** _____ **B/P** _____ **HR** _____ **RR** _____ **O2 SAT** _____

4) **TIME** _____ **B/P** _____ **HR** _____ **RR** _____ **O2 SAT** _____

NURSING NOTES:

| Medication/Dose/Route | Time |
|-----------------------|------|
| | |
| | |
| | |

ANESTHESIA CLEARANCE:

DISCHARGE TIME:
