

The RINJ Foundation

DATE: _____

SURGEON: _____

PATIENT: _____

PRE-OP ASSESSMENT NURSE: _____

- Escort Present
- NPO _____hrs
- Consent Form Signed
- PMHx reviewed, no changes
- PMHx updated, see progress notes

PREOPERATIVE INFORMATION

WEIGHT	MEDS:	ALLERGIES:
--------	-------	------------

Pre-op Vitals: B.P: _____/____ P: _____ R: _____ SaO2: _____

Recovery Room@ _____ hrs.

Procedure: _____

PARS SCORE on Arrival

Consciousness Awake/Alert [2], Rouses on Command [1], Not responding [0]
Movement Moving all limbs [2], Weakness, moves ½ limbs [1], Unable to move [0]
Respiration Able to Deep Breathe and Cough [2], Limited or difficult [1], Apnea [0]
Colour/Circulation Pink [4], Dusky or Pale [2], Cyanotic [0]

Total score on arrival: /10

IV NS/RL TBA:	ABS:	PO Intake:
		Voided: Foley: yes/no
		Emesis: yes/no

Medications:

time	Drug/dose	route	effect	signature

The RINJ Foundation – Sexual Assault Clinics

TIME RECEIVED IN RECOVERY ROOM: hrs.

Times: 0 5 10 15 30 0 30 0 30 0 30 0

220 _____

 200 _____

 180 _____

 160 _____

 140 _____

 120 _____

 100 _____

 80 _____

 60 _____

 40 _____

 20 _____
 HR _____
 SaO2 _____
 FiO2 _____

Garment: _____,	Suture: _____
Dressing: _____,	Complications: _____
Sequential Calf Compression Applied: Yes/ No	Erchonia Laser Application: Yes/ No

PARS SCORE on DISCHARGE

Consciousness Awake/Alert [2], Rouses on Command [1], Not responding [0]
Movement Moving all limbs [2], Weakness, moves ½ limbs [1], Unable to move [0]
Respiration Able to Deep Breathe and Cough [2], Limited or difficult [1], Apnea [0]
Colour/Circulation Pink [4], Dusky or Pale [2], Cyanotic [0]

Total score on DISCHARGE: /10

Discharge Information

Vitals: BP ____/____ P:_____ R:_____ SaO2% _____,
 Recovery Time: ____ hrs ____ min.
 Post Op instructions: Written/ Verbal To: _____

At discharge pt is alert and tolerating PO fluids. Cardiovascular and respiratory status stable. Pt able to ambulate unassisted.

Discharge Nurse: _____ Discharge Time: _____ hrs

The RINJ Foundation

Discharge Information

Patient		
Date and time of discharge		
Discharged to		
Place of discharge		
At discharge pt is tolerating PO fluids, cardiovascular and respiratory stable and able to ambulate unassisted.		
Alert/Orientated		Patient Initials
Follow up appointment:		
Post op instructions discussed and given by:		
Prescription given by:		

Other instructions given:

-No driving for 24hours after surgery

Patient Signature: _____

Discharging Nurse: _____

The RINJ Foundation Critical Patient Discharge Information

Patient: _____ **Date:** _____

Discharge to:

Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone: _____

Notes:

Alternate Contact:

Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone: _____

Notes:

I have been advised that I should have arranged for someone to escort me home by car or I have arranged a Taxi for my escort and myself. No driving for 24hours after surgery

Signature: _____

Date & Time of discharge		Patient Initials
Follow up appointment:		
Post op instructions discussed and given by:		
Prescription given by:		

Discharging Nurse: _____

TIME RECEIVED IN RECOVERY ROOM: hrs.

Time	BP	HR	SaO2	FiO2	Comments
0					
5					
10					
15					
30					
0					
30					
0					
30					
0					
30					
0					

Garment: _____,	Suture: _____
Dressing: _____,	Complications: _____
Sequential Calf Compression Applied: Yes/ No	Erchonia Laser Application: Yes/ No

PARS SCORE on DISCHARGE

Consciousness Awake/Alert [2], Rouses on Command [1], Not responding [0]
 Movement Moving all limbs [2], Weakness, moves ½ limbs [1], Unable to move [0]
 Respiration Able to Deep Breathe and Cough [2], Limited or difficult [1], Apnea [0]
 Colour/Circulation Pink [4], Dusky or Pale [2], Cyanotic [0]
 Total score on DISCHARGE: /10

Discharge Information :

Vitals: BP ____/____P: ____ R: ____ SaO2%____, Post Op instructions: Written/ Verbal To: ____ Recovery Time: ____ hrs ____ min.

At discharge pt is alert and tolerating PO fluids. Cardiovascular and respiratory status stable. Pt able to ambulate unassisted.

Discharge Nurse: _____ Discharge time: _____ hrs