Patient's Name: _____

FLUID BALANCE RECORD

Paediatric Patient: ☐ Breast ☐ Bottle ☐ Cup

Central Device: ☐ PICC ☐ Hickman ☐ Port-a-cath ☐ Permacath ☐ Other: _____

Central Device Accessed: ☐ Yes ☐ No Infusion Device: ☐ Yes ☐ No Describe: _____

INITIATION OF INTRAVENOUS/RESTARTS/SALINE LOCK

DATE/TIME	INSERTION	VEIN LEVEL	# ATTEMPTS	GAUGE	SITE	INITIALS	BLOOD WORK	INITIALS
	1st	1 2 3 4 5						
	2nd	1 2 3 4 5						
	3rd	1 2 3 4 5						

KEY: * = See Significant Findings

SITE KEY: ✔ = Indicates absence of redness, swelling or tenderness, I.V. infusing at prescribed rate, saline lock patent D/C = Discontinued

IV SOLUTION, OTHER

1.	3.
2.	4.

TIME	PO	INTAKE 1. TBA	INTAKE 1. ABS	INTAKE 2. TBA	INTAKE 2. ABS	INTAKE 3. TBA	INTAKE 3. ABS	INTAKE 4. TBA	INTAKE 4. ABS	IV SITE	OUTPUT URINE	OUTPUT	OUTPUT	INITIALS
TOTAL														

SIGNATURE PROFILE

DATE (YYYY/MM/DD)	UNIT	PRINT FULL NAME	STATUS	SIGNATURE	INITIALS

London Health Sciences Centre

ONE DAY STAY RECORD

PRE-ADMIT: DATE: _____ Time: _____

Site: ☐ University Hospital ☐ Victoria Hospital

☐ Other: _____

☐ **Telephone Interview:** _____

PROCEDURE DAY: DATE: _____ Arrival Time: _____

Site: ☐ University Hospital ☐ Victoria Hospital

☐ Other: _____

KEY: WNL - Within normal limits * = See significant findings

Complete relevant data only. Leave others blank.

ALLERGIES

☐ See PowerChart ☐ See Allergy Profile/Record ☐ See Panel 3

☐ Procedure area/physician notified of latex allergy ☐ Electronic Code Entered

☐ Procedure area/physician notified of malignant hyperthermia ☐ Electronic Code Entered

PATIENT INFORMATION

Source of Information: ☐ Patient ☐ Mother ☐ Father ☐ Family Member

☐ Guardian ☐ Friend ☐ Other

Name (other than patient): _____

☐ Pt. speaks / understands / reads English Language spoken: _____

☐ Interpreter required: Name: _____

Reason for visit as per patient/family: _____

Patient gives appropriate responses to questions/commands: ☐ Yes ☐ No

If 'no' please explain: _____

Other communication needs: _____

Cultural considerations: _____

If Pre-operative Patient Questionnaire not required: Ht: _____ (cm) **Wt:** _____ (kg)

☐ Contact with communicable diseases in last 3 weeks: ☐ Yes ☐ No

Specify: _____

Physical limitations: ☐ Yes ☐ No ☐ Assistive Device

Description and assistance required: _____

☐ Prosthesis ☐ Metal Plates ☐ Screws ☐ Implants

Describe: _____

Dentures/Dental Prosthesis: ☐ Yes ☐ No

☐ Upper ☐ Lower ☐ Partial ☐ Bridge ☐ Loose teeth

Other/describe: _____

Vision: ☐ WNL ☐ Glasses ☐ Contact lenses ☐ IOL ☐ Prosthesis

Describe: _____

Hearing: ☐ WNL ☐ Hearing aid Left / Right

Describe: _____

DIAGNOSTICS

☐ None required ☐ Completed in Pre-Admit

Tests required on day of procedure: ☐ Point of Care Glucose ☐ INR/PTT ☐ Lytes ☐ CBC ☐ ECG ☐ Other: _____

Pre-procedure blood work drawn: _____ Initials: _____

RN Initials: _____ Date (YYYY/MM/DD): _____

IMMEDIATE DISCHARGE NEEDS

Responsible adult to escort patient home: ☐ Not required

☐ Yes ☐ No Name: _____

Available: ☐ In hospital ☐ Outside hospital

Phone no: _____

Who will be driving patient home? _____

Responsible adult to stay with patient following procedure:

☐ Yes ☐ No ☐ Not required

Patient/family would like to be called post procedure:

☐ Yes ☐ No

CHECKLIST

Time/Date of last solids: _____

Time/Date of last fluids: _____

Tube feeding stopped at: _____

☐ Procedural prep completed

☐ Voided pre-procedure

☐ Nail polish / make-up removed

☐ Tampon removed

☐ Jewellery removed

☐ Rings taped (if not able to remove)

Dentures/Dental Prosthesis: ☐ Removed ☐ With Patient

Glasses/Contact Lenses/Prosthesis: ☐ Removed ☐ With Patient

Hearing Aid: ☐ Removed ☐ With Patient

Belongings: ☐ Bagged and labelled

☐ Locker number: _____

Valuables/clothing/assistive device/prosthesis given to: _____

ISSUES WITH PREPARATION:

☐ OR notified

☐ Anesthesiologist notified

☐ Attending physician notified

☐ Procedure delayed / cancelled

RN Initials: _____ Date (YYYY/MM/DD): _____

TIME TRANSPORTED: _____ **TRANSPORTED TO:** _____

Document all assessments/treatments. Blank space = Not relevant/not assessed. Patient's Name: _____

KEY: ⋆ = See Significant Findings UC = Unchanged. May be used for parameters 13 to 16 only.

1. Respiration:
- **2** Able to deep breathe/cough
- **1** Dyspnea or limited breathing (splinting or shallow)
- **0** Apneic, obstructed airway

2. Oxygen Saturation Score:
- **2** $SpO_2 \geq 92\%$ on room air
- **1** Requires supplemental O_2 to maintain $SpO_2 \geq 92\%$
- **0** $SpO_2 \leq 92\%$ even with O_2 supplement

3. Circulation:
- **2** BP ± 20% preanaes/intraop value
- **1** BP ± 20-49% preanaes/intraop value
- **0** BP ± 50% preanaes/intraop value

4. Post Procedure Level of Consciousness:
- **2** Fully awake
- **1** Arousable (by name)
- **0** Non-responsive

5. Post Procedure Activity:
- **2** Motor activity/mobility as anticipated
- **1** Motor activity/mobility less than anticipated
- **0** No motor activity/mobility

6. Procedure Site:
- **2** Minimal drainage/dry and intact
- **1** Moderate drainage/oozing
- **0** Unacceptable amount of drainage/bleeding

7. Ambulation:
- **2** Independent/with supervision
- **1** Dizziness when sitting/standing
- **0** Dizziness when supine

8. Nausea/vomiting:
- **2** Minimal/no nausea
- **1** Nauseated
- **0** Nauseated and vomiting

9. Pain Post Procedure:
- **2** Minimal/none
- **1** Moderate
- **0** Severe

10. Patient's Pain Score:
___(Use 0 - 10)

11. Positioning:
L = Left Side **R** = Right Side
S = Supine **P** = Prone **C** = Chair
HOB ↓↑ = Head of bed elev/lowered
FOB ↓↑ = Foot of bed elev/lowered

12. Pulses: **D** = Doppler **P** = Palpate **B** = Bruit **A** = Absent

13. Neurovascular:
- ✔ Affected extremity is warm, moveable within patient's normal range, sensation intact, colour consistent with skin tone.

Ref: Aldrete, JA Modifications to the Post Anaesthesia Score for Use in Ambulatory Surgery *Journal of Peri Anaesthesia Nursing*, 1998; 13:148-155.

Date:													
Unit:													
Time:													
Temperature:													
Blood Pressure:													
Heart Rate: R = Radial A = Apical M = Monitor													
Respiratory Rate:													
O_2 Saturation:													
O_2 Therapy (R/A = Room Air):													
1. Respiration													
2. O_2 Saturation Score													
3. Circulation													
4. Post Procedure Level of Consciousness													
5. Post Procedure Activity													
PHASE 1 SCORE (1-5)													
6. Procedure Site: (a)													
(b)													
(c)													
7. Ambulation													
8. Nausea/vomiting													
9. Pain Post Procedure													
PHASE 2 SCORE (1-9)													
10. Patient's Pain Score: (0 = No Pain, 10 = Worst Pain)													
11. Positioning													
12. Pulses: (a)													
(b) Dorsalis Pedis left/right													
(c) Post Tibial left/right													
13. Neurovascular													
14.													
15.													
16.													
17. ACT													
18. Clamp/Manual													
INITIALS													

ALLERGIES / ADVERSE REACTIONS

Specify (drug, latex, food, tape, dyes and/or other): _____

_____ Initials: _____

ANESTHESIA MEDICATIONS RELEVANT TO PACU: _____

MEDICATION ADMINISTRATION RECORD

Document medications administered to the patient **WHICH ARE NOT RECORDED** on the Anesthesia Record, OR Record and Procedure Record.

TIME GIVEN	MEDICATION/DOSE/ROUTE	INITIALS	TIME GIVEN	MEDICATION/DOSE/ROUTE	INITIALS

POST ANESTHESIA CARE UNIT

Procedure: _____

_____

Position of Pt. on Admission: _____ Surgeon: _____ Anesthesiologist: _____

Anesthetic: ☐ General ☐ Neurolept ☐ Block ☐ Local ☐ Spinal ☐ Other: _____

Airway: ☐ Oral ☐ Laryngeal Mask ☐ ETT Other: _____ Time Removed: _____ h By: _____

Supplemental Information: _____

_____ Initials: _____

Patient Classification: _____ **Complication Code:** _____

Transported at: _____ **h** **Transported to:** _____ **Report given to:** _____ Initials: _____

TIME	PARAMETER #/ FOCUS	SIGNIFICANT FINDINGS	INITIALS