

Post-op

NAIROBI SCULPT AESTHETIC CENTRE

IMMEDIATE RECOVERY CARE RECORD

PATIENT FILE NO:

NAME:

AGE:

SEX:

DATE:

DOCTOR:

Handover given by

Patient position

Time

OBSERVATIONS

Time								YES	NO	N/A
Airway							Airway: ETT Removed			
O2 L / min							Wound Dressing Checked			
Resp.							Bleeding			
Pulse							Wound Packs Removed			
Temp.							Drains Present			
B.P							Implants Present			
Sat.							X-Rays Present			
L.O.C.										
Headlift										
Limb Obs										

Nausea & Vomiting Score: 0 1 2 3 4 5

Medication for PONV given: Y N

Specify: Time:

Pain Score: 0 1 2 3 4 5 6 7 8 9 10

Analgesia Given: Y N

Specify: Time:

IV Fluids Regime: Amount:

Urine Output (mL/kg/hr) Drains: Other:

Total Output (mL/kg/hr) Total Output:

Drugs

Specimen: Y N

Taken to: By:

COMMENTS: _____

Recommended position: _____

RECOVERY ROOM HANDOVER

Transferred by: _____

Signature: _____

Time: _____

WARD RECIPIENT

Receiving Nurse: _____

Signature: _____

Time: _____