

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: _____