

Events : _____

Time (Am/Pm)	IV Fluids	Rate	Signature and Emp. Code
OT	TVF RL on flow	80 ml/hr	<i>[Signature]</i> N3520

Time (Am/Pm)	Medication	Dose	Route	Signature and Emp. Code

Modified Aldrete Score:

CONSCIOUSNESS	
Fully awake	(2)
Arousable on calling	1
Not responding	0
RESPIRATION	
Able to breathe deep and cough freely	(2)
Dyspnoea or limited breathing	1
Apnoeic	0
OXYGEN SATURATION	
Maintain SpO ₂ > 92% on room air	(2)
Need O ₂ to maintain 92%	1
SpO ₂ < 90% with O ₂ supplement	0
CIRCULATION	
BP ± 20% Of pre-anesthesia level	(2)
BP ± 20-50% Of pre-anesthesia level	1
BP ± 50% Of pre-anesthesia level	0
ACTIVITY	
Able to move all 4 extremities voluntarily	(2)
Able to move 2 extremities voluntarily	1
Unable to move any extremities voluntarily	0
Total Score	
10	

Discharge Criteria met: ☒
(Score ≥ 9)

Transfer to :

Day-Care ☐
 Ward ☒
 HDU ☐
 ICU (SICU/MICU/CCU) ☐

Vitals before shifting :

HR: 70 / min
 BP: 110 / 70 mmHg
 RR: 20 / min
 SPO₂: 98 % on room air/ NP —lit/min

Time of Shifting : 7:10pm

Nurse Name : Dr. Priyanka V Signature & Emp. Code : *[Signature]*
N3520

Anaesthesiologist : Dr Rushi Signature: *[Signature]*

Date : 30/10/24 Time : 7:10pm