

**Hand Help, Inc.**

**POST ANESTHESIA  
RECOVERY ROOM**



**POST OPERATIVE REPORT:**

**DATE:**

**PATIENT'S NAME:**

**SURGEONS:**

**PROCEDURE: 1.** \_\_\_\_\_

**2** \_\_\_\_\_

**3.** \_\_\_\_\_

**PACU ADMISSION TIME:** \_\_\_\_\_

**1) TIME** \_\_\_\_\_ **B/P** \_\_\_\_\_ **HR** \_\_\_\_\_ **RR** \_\_\_\_\_ **O2 SAT** \_\_\_\_\_

**2) TIME** \_\_\_\_\_ **B/P** \_\_\_\_\_ **HR** \_\_\_\_\_ **RR** \_\_\_\_\_ **O2 SAT** \_\_\_\_\_

**3) TIME** \_\_\_\_\_ **B/P** \_\_\_\_\_ **HR** \_\_\_\_\_ **RR** \_\_\_\_\_ **O2 SAT** \_\_\_\_\_

**4) TIME** \_\_\_\_\_ **B/P** \_\_\_\_\_ **HR** \_\_\_\_\_ **RR** \_\_\_\_\_ **O2 SAT** \_\_\_\_\_

**NURSING NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication/Dose/Route	Time

**ANESTHESIA CLEARANCE:**

**DISCHARGE TIME:**

\_\_\_\_\_

\_\_\_\_\_