

**McLaren Print System Order**

Order No: 52523 Reprint Previous Order No: 13157  
 Order Date: 2020-02-12  
 User: Lisa Ardanowski  
 Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski  
 501 S. Ballenger Hwy  
 Flint, MI 48532

**Forms**

Quantity: 1000  
 Paragon Dept No: 30014  
 Dept Name: Surgery and Endoscopy Center Pain Clinic  
 Company Number: 60

Order Total Price: 224.00

Item Number: 17489  
 Item Description: OPS Anesthesia Record  
 Revision Date: 10/2019  
 Print: 1 sided black and white  
 Paper: 2 Part (White, Yellow)  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info:

**McLAREN FLINT OPS ANESTHESIA RECORD**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ OF: \_\_\_\_\_ ASA: 1, 2, 3, 4 ORIM # \_\_\_\_\_ ANESTHESIA TECHNIQUE: \_\_\_\_\_ REGIONAL: \_\_\_\_\_ SPC: \_\_\_\_\_  
 Address: \_\_\_\_\_ ANES START: \_\_\_\_\_ ANES STOP: \_\_\_\_\_  
 OFF: \_\_\_\_\_ Anesthesiologist: \_\_\_\_\_  
 Preop dx: \_\_\_\_\_ Postop dx: \_\_\_\_\_

**PRE-OP CHECKS**

<input type="checkbox"/> 1. Chart reviewed	<input type="checkbox"/> 2. All NPOs	<input type="checkbox"/> 3. Temp	<input type="checkbox"/> 4. All allergies	<input type="checkbox"/> 5. Use stress	<input type="checkbox"/> 6. Pre-op Hx	<input type="checkbox"/> 7. PAIN PLAN
<input type="checkbox"/> 8. Chart reviewed	<input type="checkbox"/> 9. All NPOs	<input type="checkbox"/> 10. All allergies	<input type="checkbox"/> 11. All allergies	<input type="checkbox"/> 12. All allergies	<input type="checkbox"/> 13. All allergies	<input type="checkbox"/> 14. All allergies

**ANESTHESIA**

<input type="checkbox"/> 15. All allergies	<input type="checkbox"/> 16. All allergies	<input type="checkbox"/> 17. All allergies	<input type="checkbox"/> 18. All allergies	<input type="checkbox"/> 19. All allergies	<input type="checkbox"/> 20. All allergies	<input type="checkbox"/> 21. All allergies
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**ANESTHESIA RECORD**

Time	SpO2	HR	RR	BP	Temp	EtCO2	MAC	Notes
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**Discharge Evaluation Note**

Vital signs in patient's normal range  yes  no  
 Respiratory function stable, airway patent  yes  no  
 Cardiovascular function and hydration status stable  yes  no  
 Mental status recovered, patient participates in evaluation  yes  no  
 Pain control satisfactory  yes  no  
 Nausea and vomiting control satisfactory  yes  no

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

OPS ANESTHESIA RECORD  
 Member 111-111111  
 200