

**McLaren Print System Order**

**Order No: 58839 Reprint Previous Order No: 13157**  
**Order Date: 2020-12-04**  
**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"/> Patient NPO	<input type="checkbox"/> Allergies	<input type="checkbox"/> Temp	<input type="checkbox"/> Airway Assessment	<input type="checkbox"/> O2 Sat	<input type="checkbox"/> Preload	<input type="checkbox"/> Hgb/Hct	<input type="checkbox"/> ECG
<input type="checkbox"/> Chart Reviewed	<input type="checkbox"/> I&O	<input type="checkbox"/> CXR	<input type="checkbox"/> ASA	<input type="checkbox"/> SpO2	<input type="checkbox"/> Fluids	<input type="checkbox"/> Labs	<input type="checkbox"/> Vitals
<input type="checkbox"/> Medications	<input type="checkbox"/> Allergies	<input type="checkbox"/> Pulse/Oxygen Sat	<input type="checkbox"/> History	<input type="checkbox"/> ETT	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine
<input type="checkbox"/> Respiration checked prior to case	<input type="checkbox"/> I&O	<input type="checkbox"/> Pulse/Oxygen Sat	<input type="checkbox"/> History	<input type="checkbox"/> ETT	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine
<input type="checkbox"/> Aortic checked prior to case	<input type="checkbox"/> I&O	<input type="checkbox"/> Pulse/Oxygen Sat	<input type="checkbox"/> History	<input type="checkbox"/> ETT	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine
<input type="checkbox"/> Preload checked prior to case	<input type="checkbox"/> I&O	<input type="checkbox"/> Pulse/Oxygen Sat	<input type="checkbox"/> History	<input type="checkbox"/> ETT	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine
<input type="checkbox"/> Labs checked prior to case	<input type="checkbox"/> I&O	<input type="checkbox"/> Pulse/Oxygen Sat	<input type="checkbox"/> History	<input type="checkbox"/> ETT	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Urine

**ANESTHESIA**

<input type="checkbox"/> General	<input type="checkbox"/> Sedation	<input type="checkbox"/> Regional	<input type="checkbox"/> Spinal	<input type="checkbox"/> Epidural	<input type="checkbox"/> Intrathecal	<input type="checkbox"/> Intracranial	<input type="checkbox"/> Intravitreal
<input type="checkbox"/> General	<input type="checkbox"/> Sedation	<input type="checkbox"/> Regional	<input type="checkbox"/> Spinal	<input type="checkbox"/> Epidural	<input type="checkbox"/> Intrathecal	<input type="checkbox"/> Intracranial	<input type="checkbox"/> Intravitreal

**ANESTHESIA RECORD**

Time	SpO2	HR	RR	BP	Temp	Urine	EtCO2	EtN2O	EtO2	EtCO2	EtN2O	EtO2
08:00												
08:05												
08:10												
08:15												
08:20												
08:25												
08:30												
08:35												
08:40												
08:45												
08:50												
08:55												
09:00												
09:05												
09:10												
09:15												
09:20												
09:25												
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09:40												
09:45												
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11:40												
11:45												
11:50												
11:55												
12:00												

**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**

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