

**McLaren Print System Order**

**Order No: 63546 Reprint Previous Order No: 63394**  
**Order Date: 2021-07-08**  
**User: Tammy Phillips**  
**Phone: 989-672-5780**

**Ship Location: McLaren Caro Region - Surgery Dept. Attn: Tammy Phillips**  
**401 N. Hooper Street**  
**Caro, MI 48723,**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 28605**  
**Dept Name: Surgical Services**  
**Company Number: 510**

**Order Total Price: 23.40**

**Item Number: ANES 3**  
**Item Description: Anesthesia\_Record (Caro)**  
**Revision Date: 3/2021**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info: SS; BLACK; 2 PART**

**McLaren** **CARO REGION** **ANESTHESIA RECORD**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ OF: \_\_\_\_\_ HOURS: \_\_\_\_\_ OR No: \_\_\_\_\_  
ANESTHESIA TECHNICIAN: \_\_\_\_\_ RESIDENT: \_\_\_\_\_  
ANES START: \_\_\_\_\_ ANES STOP: \_\_\_\_\_

Signature: \_\_\_\_\_ Anesthesiologist Signature: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Procedure: \_\_\_\_\_

**TYPE OF CASE:**  Elective  Trauma  Emerg  Other \_\_\_\_\_  
 Open Heart  CABG  Valve  Prost  Aortic  Thoracic  Lung  Transplant  Liver  Kidney  Pancreas  Spleen  Gallbladder  Colon  Rectum  Prostate  Uterus  Ovary  Breast  Skin  Plastic  Burn  Head  Neck  Spine  Ortho  Neuro  Ophthalmic  ENT  Urologic  Gynecologic  Pediatric  Geriatric  Other \_\_\_\_\_

**ANESTHESIA TECHNIQUE:**  General  Spinal  Epidural  Local  Sedation  Other \_\_\_\_\_

**PRE-ANESTHESIA:**  NPO  Fasting  IV  Preload  Labs  ECG  CXR  Other \_\_\_\_\_

**ANESTHESIA:**  Induction  Maintenance  Emergence  Recovery  Other \_\_\_\_\_

**POST-ANESTHESIA:**  PACU  ICU  Other \_\_\_\_\_

**Discharge Evaluation Note:**  
Vital signs in patient's normal range  yes  no  
Respiratory function stable, strong patient  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: \_\_\_\_\_

**Post Anesthesia Assessment given to PACU / OR Nurse:**  
# \_\_\_\_\_ RAVCO at \_\_\_\_\_ LM  
SaO<sub>2</sub> \_\_\_\_\_ SpO<sub>2</sub> \_\_\_\_\_  
HR \_\_\_\_\_ RR \_\_\_\_\_  
Total Fluids \_\_\_\_\_ ml  
Mental Awake \_\_\_\_\_ Oriented \_\_\_\_\_  
Anesthetic \_\_\_\_\_ Administered \_\_\_\_\_

Anesthesiologist present during induction & emergence, & intervals during General Anesthesia

Signature: \_\_\_\_\_

ANESTHESIA RECORD  
FORM 0001  
REV 01/01