

McLaren Print System Order

Order No: 6982
Order Date: 2014-11-06
User: Mary Clements
Phone: 501 S Ballenger Hwy

Ship Location: **ATTN Mary Clements**
501 S Ballenger Hwy, Suite A
Flint, MI 48532

Forms
Quantity: 2500
Paragon Dept No: 30014
Dept Name: Surgery and Endoscopy Center
Company Number: 60

Order Total Price: 553.00

Item Number: 17469
Item Description: OPS Anesthesia Record
Revision Date: 8/2012
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
OPS ANESTHESIA RECORD

DATE: _____ TIME: _____ OF: _____ HDA: _____ DR: _____ ANESTHESIA TECH/ROLE: _____
 PRE: _____ REG: _____ ANESTHESIA START: _____ ANESTHESIA STOP: _____

ANESTHESIA TYPE: _____ AIRWAY: _____

REC OF EVENTS

<input type="checkbox"/> IV started	<input type="checkbox"/> Time out	<input type="checkbox"/> O2 sat	<input type="checkbox"/> Sevoflurane	<input type="checkbox"/> ETC	<input type="checkbox"/> ETC	<input type="checkbox"/> Sevoflurane	<input type="checkbox"/> O2 sat	<input type="checkbox"/> Sevoflurane	<input type="checkbox"/> ETC	<input type="checkbox"/> Sevoflurane	<input type="checkbox"/> O2 sat
<input type="checkbox"/> Oral/IV	<input type="checkbox"/> N2 O2	<input type="checkbox"/> Pulse	<input type="checkbox"/> EtCO2	<input type="checkbox"/> EtO2	<input type="checkbox"/> EtN2	<input type="checkbox"/> EtO2	<input type="checkbox"/> EtN2	<input type="checkbox"/> EtO2	<input type="checkbox"/> EtN2	<input type="checkbox"/> EtO2	<input type="checkbox"/> EtN2

RESPIRATORY

<input type="checkbox"/> RR	<input type="checkbox"/> SpO2	<input type="checkbox"/> FiO2	<input type="checkbox"/> PIP	<input type="checkbox"/> PEEP	<input type="checkbox"/> Pplat	<input type="checkbox"/> Pmean	<input type="checkbox"/> A-aDO2	<input type="checkbox"/> PaCO2	<input type="checkbox"/> PaO2	<input type="checkbox"/> pH	<input type="checkbox"/> HCO3-
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HAEMODYNAMICS

<input type="checkbox"/> HR	<input type="checkbox"/> BP	<input type="checkbox"/> MAP	<input type="checkbox"/> CVP	<input type="checkbox"/> PAP	<input type="checkbox"/> PCWP	<input type="checkbox"/> SV	<input type="checkbox"/> SVI	<input type="checkbox"/> CO	<input type="checkbox"/> CI	<input type="checkbox"/> PI	<input type="checkbox"/> SVI
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DISCHARGE EVALUATION

Vital signs in patient's normal range yes no
 Respiratory function stable, noisy absent yes no
 Cardiovascular function and hydration status stable yes no
 Mental status recovered, patient participates in evaluation yes no
 Pain control satisfactory yes no
 Recovery and monitoring control satisfactory yes no
 Comments: _____

Signature: _____ Date/Time: _____

OPS ANESTHESIA RECORD
FORM NO. 3.11 1-13-12