

**Jordan University Hospital**  
**Department of Anesthesia**  
**Anesthesia Management Record**



CLN F223/4

Patient Name: .....  
 Age: ..... Sex: .....  
 Hospital No. : .....  
 Date: .....

**1- Pre-Operative Assessment Note**

*Patient seen in Pre-operative Anesthesia Clinic?*    ☐ YES    ☐ NO

**A- History**

<u>Previous Anesthesia:</u>  Complications?  Airway Difficulty? Allergies:	<u>Cardiovascular:</u>	<b>Weight</b> kg <b>Height:</b> cm
	<u>Respiratory:</u>	Age:  Past Med. Hx.:  Fasting Status:  Other:
Medications:		

**B- Physical Examination**

<u>Vital Signs:</u>	<u>Cardiovascular:</u>	Other:
B/P		
Pulse	<u>Respiratory:</u>	
Temp		
R/R	<u>Airway:</u> <i>H&amp;N movement:</i> Mouth Opening:              Tracheal Shift?	
Pain	Mallampati class:              Thyromental Distance: Teeth:                              Other:	

**C- Investigations:**

<u>Full Blood Count:</u>	<u>Chest X Ray:</u>	Other:
<u>Electrolytes:</u>		
<u>Arterial Blood Gases:</u>	<u>ECG:</u>	

**D- Assessment Outcome:**

<u>ASA:</u>	<u>Possible Modalities of Anesthesia</u>	<u>Anesthesia &amp; Pain management Plan discussed with Patient/ Family?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Consent taken yet?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
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**E- PLAN:**

Anesthetist's Name:			Signature :	Date/ Time:
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Patient Name: .....  
Age: ..... Sex: .....  
Hospital No.: .....  
Date: .....

### ANESTHESIA DETAILS

Assessment prior to induction done? ☐ YES ☐ NO

Consent checked? ☐ YES ☐ NO

ASA RISK CLASS: ..... / NPO STATUS: ..... hours

### PREMEDICATION:

Technique

- ☐ G/A ☐ SEDATION  
☐ MAC ☐ EPIDURAL ☐ SPINAL ☐ CAUDAL  
☐ Plexus/Nerve Block: .....

ANESTHETIC DRUGS

SEDATIVE: .....  
ANALGESIC: .....  
HYPNOTIC: .....  
MUSCLE RELAXANT: .....

### Adjuvant Drugs:

ANTIBIOTICS

Time: .....

ANESTHESIA REVERSAL DRUGS

LV. ACCESS

Gauge: .....  
Site: .....

INTRA-OP MONITORING

- ☐ H/R ☐ ECG  
☐ NIBP ☐ SPO2  
☐ ET/CO2 ☐ TEMP  
☐ IBP " - " ☐ R/R  
☐ CVP ☐ URINE OUTPUT  
☐ PNS ☐ BIS

Airway device:

Intubation Aid used:

No. of attempts:

LARYNGOSCOPIC VIEW (C&L): I II III IV

Ventilation: ☐ Spontaneous ☐ Mechanical:

Breathing Circuit:

Other Procedures:

## 2- INTRA-OPERATIVE ANESTHESIA NOTE

### Diagnosis :

OXYGEN

AIR

Volatile Agent

R/R

Temp

ETCO2

SpO2

Rhythm

Pulse  
•  
Anesthesia Start / End X  
Surgery Start / End ■  
V  
A  
B/P

Time

240  
220  
200  
180  
160  
140  
120  
100  
80  
60  
40  
20  
0

Baseline

### Fluid Management:

Maintenance:

Fasting deficit:

Stress of surgery:

Estimated Blood Loss:

Urine / Drain / NG:

Total of the above:

Fluid Given:

Fluid Balance:

Surgeons:

Anesthetists:

Operation :

Patient Position:

Warming methods?

☐ Eyes padded

☐ Pressure points checked

### Remarks :

Anesthesia

Start at :

Finished at :

Surgery

Start at :

Finished at :

Patient Discharged to :

☐ PACU

☐ ICU

☐ Intubated

☐ Extubated

Anesthetist's Name:

Signature:

Date/ Time:







## Nursing Care Plan

☐ Pain management Plan.

☐ N & V management plan.

☐ Temperature management plan.

Date / Time:

Note:

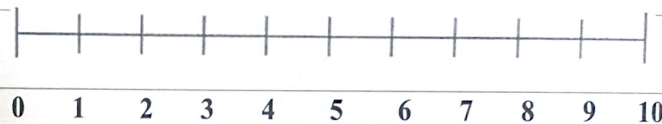
Nurse Name:

### Scoring Guideline

#### Post Anesthesia Recovery Score ( Aldrete Score )

Activity	2	Able to move 4 extremities voluntarily or on command
	1	Able to move 2 extremities voluntarily or on command
	0	Able to move 0 extremities voluntarily or on command
Respiration	2	Able to deep breathe and cough freely
	1	Dyspnea or limited breathing
	0	Apneic
Circulation	2	B/P +/- 20 of Pre-anesthetic Level
	1	B/P +/- 20 to 50 of Pre-anesthetic Level
	0	B/P +/- >50 of Pre-anesthetic Level
Consciousness	2	Fully Awake
	1	Arousable on Calling
	0	Not Responding
Color	2	Pink
	1	Pale, Dusky, Blotchy, Jaundiced, Other
	0	Cyanotic

#### 1- Adult VAS Pain Scoring Scale



#### 2- Pediatric FACES Scoring Scale



### Guidelines for discharging Patients from PACU

**\*\* The Following are required for Discharging patients from PACU, unless indicated otherwise by discharging physician:**

1- Vital signs should be stable and within acceptable limits	7- Outpatients Should be discharged in the presence of a reasonable adult to escort them home and report any complications.
2- Patient should have a minimum Total Recovery Score (Aldrete) of 8.	8- Outpatients should be provided with written instructions regarding post-procedure diet, medications, & activities as well as a phone number to use in case of emergency.
3- Patient with pre-operative mental status abnormality should return to baseline state before discharge.	9- Outpatients should be tested for ability to stand unaided to exclude Postural Hypotension or gait instability before discharge.
4- Patients should have a maximum Pain Score of 4.	
5- Patients should be adequately hydrated.	
6- Sufficient time (up to 2 hours) should elapse after use of reversal agents (cholinesterase inhibitors, Naloxone, Flumazenil) to ensure no recurrence of original agonist action	

### Discharge Order

☐ Patient met discharge criteria.

 Please Discharge patient to : ☐ Ward ☐ ICU: ..... ☐ Back to Day Care Unit ☐ Home (from Day Care Unit)

Discharge Date/ Time: ..... Doctor's Name &amp; Signature : .....

### Patient Transfer Note

The Following patient's belongings are handed over to the receiving Party

<input type="checkbox"/> Admission File	<input type="checkbox"/> Old File	<input type="checkbox"/> Specimen (s)
<input type="checkbox"/> Denture (s)	<input type="checkbox"/> X-Rays, CTs, MRIs	
<input type="checkbox"/> Other: .....		

Patient Transferred by: .....

Patient received by: .....

Room: ..... Time: .....