Jordan University Hospital Department of Anesthesia Anesthesia Management Record

Anesthetist's Name:



Patient Name:		.,,,,		 	,				2			
Age:	Sex:		 	 	,		. ,	,	٠	٠		
Hospital No.:			 	 ٠		,					,	
Date:	,,,,,,,,,		 		,				,	,		

Date/ Time:

	1- Pre-Operative Assessment No	te NO	
A III:	n in Pre-operative Anesthesia Clinic?	□ YES □ NO	
A- History		Weight kg	Height: cn
Previuos Anesthesia: Complications?	Cardiovascular:	Age: Past Med. Hx.:	
dirway Difficulty?	Respiratory:	Floring Status	
Allergies:		Fasting Status: Other:	
Medications:			
B- Physical Exami	nation		
Vital Signs:	<u>Cardiovascular:</u>	Other:	
Pulse	Respiratory:		
Тетр			
R/R Pain	Airway: H&N movement: Mouth Opening: Tracheal Shift? Mallampati class: Thyromental Distance:		
i aiii	Teeth: Other:		
C- Investigations:			
Full Blood Count:	Chest X Ray:	Other:	
Electrolytes:	200		
Arterial Blood Gases:	ECG:		
D- Assessment Out	come:		
SA:	Possible Modalities of Anesthesia	Anesthesia & Pain management Plan discussed with Patient/ Family? VES DO	Consent taken yet?
E- PLAN:		□ YES □ NO	□ YES □ NO

Signature :

Age:		Sex:	2- INTR	A-OPF	ERA	TIV	EA	NES	тн	ESL	A N	OT	E	S	urge	ons	:				And	esth	etists	S:	******	
Date	:		Diamaria					-							nera	tion						Inches de la constante de la c	-			
-		ESTHESIA DETAILS	Diagnosis :											Operation :												
A	ssessment prio	r to induction done? \(\text{YES} \) NO	OXYGEN					Al	R					Patient Position: Warming methods?												
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RES	INTRA-OP MONITORING	□CVP □ URINE OUTPUT	Time Fluid Ma		nt:		Rem	arks:															_	nest	hosi	ia
L I	2	□ PNS □ BIS	Maintenance:																				A.	nest	HCSI	а
	Airway device:		Fasting deficit:																			S	Start at	:		
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Ü	No. of attempts:		Estimated Blood Lo	ss:																				2	YOMY!	
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			Fluid Given:																			Fi	inished	i at :		
	Breathing Circ	ciut:					P	atient	Disc	harge	d to			PACU			ICU		[□ In	ntubat	ted		Extu	ıbate	d
	Other Procedu						ORTH-SHOOT	thetis	HANGING TO	The Real Property lies					1	Signa	ture	:				D	ate/ T	ime:		
			Fluid Balance:			-																				

Patient Na	me:	• * • • • • • • • • • • • • • • • • • •	3- P	3- POST-ANESTHESIA CARE UNIT RECORD													Allergies						
Age:	Sex	: <mark></mark>	Procedure	e:			Surg	geon	:				1000	An	esth	etis	t:						
	0.:		Jr	Type of Anesthesia:				 							□ Spinal □ Epidural								
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Arrival T	ime:	Patient F	Received F	By:			peci ecei				YI NO	-	\rightarrow	Ty	Type:								
Patient Sp	ecial Needs:	******						Name and Address of the Owner, where			_		-										
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	igns:	B/P:	* * * * *	H/R:	S	pO ₂		• •	-		Pı	re-o	p l	Men	tal S	Stat	tus /	GC	S				
	Rate (L/min):					P	PAC	IIN	loui	itau	ino	, A.		1									
Oxygen	□ Variable Per	formance F	ace Mask	Recovey Score	_		1	U IVI	vill	ior	ıng	Jio	ws	heet									
Therapy	□ Venturi Fac	e Mask → F	IO2:%		-	-	-			_													
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PACU Ord	ers:			Rhythm	-	+	+			+		-	-		-	+			-				
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		Nı	ursing C	are Plan	1
□ Pain ı	nan	agement Plan. 🗆 N & V	managem	ent plan.	□ Temprature management plan.
Date / Time:	1	Note:			o P.m.
Skattena -				Name of Street	
	1				
Nurse Name:			Alexander and a second		
rearse rearre.			~		
D 4			Scoring G	uideline	
Post And	The state of the s	esia Recovery Score (Aldrete Sco		1	
		Able to move 4 exterinties voluntarily or or			1 11 1 11 10 0 0 0 0 0
Activity		Able to move 2 exterinties voluntarily or or			1- Adult VAS Pain Scoring Scale
	THE REAL PROPERTY.	Able to move 0 exterinties voluntarily or or	n command		
Damination	2	Able to deep breathe and cough freely		1 .	
Respiration	1	Dyspnea or limited breathing		1	
	2	Apneic B/P +/- 20 of Pre-anesthetic Level			
Circulation	1	B/P +/- 20 to 50 of Pre-anesthetic Level		0 1	2 3 4 5 6 7 8 9 10
Circulation	0	B/P +/- >50 of Pre-anesthetic Level			
	2	Fully Awake		-	2 Padiania EACES Sagring Sagle
Consciousness	1	Arousable on Calling			2- Pediaric FACES Scoring Scale
	0	Not Responding			
	2	Pink		(00)	() () () () () () () () () ()
Color	1	Pale, Dusky, Blutchy, Jaundiced, Other		(5)	
	0	Cyanotic		0	2 4 6 8 10
Guidelines fo	or d	lischarging Patients from P.	ACU		
And the last of th	_			CU, unless i	indicated otherwise by discharging physician:
		table and withen acceptable limits		7- Outpatients	s Should be discharged in the presence of a
		ninimun Total Recovery Score (Aldrete) of	8.	_	adult to escort them home and report any
3- Patient with pre-o	perat	ive mental stae abnormality should return		complication	
to baseline state b	efore	discharge.			s should be provided with written instructions
	-	maximum Pain Score of 4.			oost-procedure diet, medications, & activities as
5- Patients should be	adeq	uately hydrated.			none number to use in case of emergency.
6-Sufficient time (up	to 2 l	nours) should elapse after use of reversal		The second secon	s should be tested for ability to stand unaided to
agents (cholinestera	se inl	nibitors, Naloxone, Flumazenil) to ensure			stural Hyponension or gait instability before
no recurrence of orig	giona	l agonist action		discharge.	
Dsischarge Or	der				
Patient met di	scha	rge criteria.			
	Andrew Control		□ Back	to Day Ca	re Unit Home (from Day Care Unit)
		e: Doctor's			
Patient Trans					
			□ Admi	ssion File	□ Old File □ Specimen (s)
The Following	pati	ent's belongings are	□ Aums		□ X-Rays, CTs, MRIs
		ne receiving Party	□ Dentu		E ZERRAJO, CZO, PAREO
Detient Transform	end I	ov: Patient re	eceived by: .		. Room: Time: