

The Recovery Form قسم الإنعاش نموذج

اسم المريض العمر الجنس رقم الملف
اختصاصي الجراحة اختصاصي التخدير
الممرضة المشرفة ساعة الوصول إلى غرفة الإنعاش التاريخ / / ٢٠ م

Vital Signs:

Time	0.0	10	20	30	40	50	60
R.R							
HR. & Rhythm (R, IR)	(R, IR)	(R, IR)	(R, IR)	(R, IR)	(R, IR)	(R, IR)	(R, IR)
B.P.							
Temp							
SaO2							
Signature							

Recovery Course:

Discharge Criteria	YES	NO	Notes
1. Level of consciousness & orientation:			
Answer questions appropriately.			
Oriented to surrounding.			
Able to move four limbs when asked.			
Able to cough when asked.			
Easily aroused by voice alone. (Verbal Stimulation)			
2. Nausea, Vomiting			Treat before transferring pt. to the ward.
Anti-emetic medications:			
3. Pain management			
Complaining of pain?			
Pain score (/ 10), pain medication:			
4. Temperature Management: (Pt. should be warmed)			Shivering pts. May have elevated Temperature.
5. Wound Or Operation Site Observation			
Site (intact and dry ?) :			Should be intact, dry.
Bleeding:			Pt. with bleeding should not be returned to ward, assess causes and manage.
Drains (Patent?):			Should be patent.

Transfer to: ICU Patient Room At (Time): () Am () Pm

Doctor Name & Signature

.....

Nurse Name & Signature

.....