المملكة الأردنية الهاشمية وزارة الصحة

The Recovery Form العمر الجنس رقم الملويض العمر الجنس العمر الجنس رقم الملويض المريض العمر العمر الجنس العمر الجنس العمر العابد العمر العالم المريضة المشرفة. المامرضة المشرفة الإنعاش التاريخ التاري	مستشفى الأميرة بسمة التعليمي/اربد										
Notes Parameter Paramete	نموذج قسم الإنعاش The Recovery Form										
Vital Signs:		رقم الملف .	ں	الجنس		العمر		بض	اسم المرب		
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Time											
R.R HR. & Rhythm (R, IR)		0.0	10		20	30	40	50	60		
HR. & Rhythm (R, IR)		0.0	10		20	30	4 0	50	00		
B.P.		(R IR)	(R I	R)	(R IR)	(R IR)	(R IR)	(R IR)	(R IR)		
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 Anti-emetic medications: 3. Pain management Complaining of pain? Pain score (/ 10), pain medication: 4. Temperature Management: (Pt. should be warmed) Site (intact and dry?): Should be intact, dry. Bleeding: Pt. with bleeding should not be returned to ward, assess causes and manage.		(11, 111)	(11, 1		(11, 111)	(11, 111)	(11, 111)	(11, 111)	(11, 111)		
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	Drains (Patent?):					Should be patent.					

Transfer to:		1 attent Room	` '	() Am () Pm
Doctor Name & Sign	nature		Nurse Name & Signatur	
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