# ADMISSION ASSESSMENT AND HISTORY AND FLOWSHEET– DAY/NIGHT CARE: SURGERY

| Pre-admission Date/Time: ☐ See Notes | Admission Date/Time: |
|---|---|
| | Reviewed and completed by: ☐ See Notes |

**Language spoken/understood:** ☐ En ☐Fr ☐ Other ☐ Translator required | **Age**

**Diagnosis:**

**Procedure and Date Booked:** | ☐ **Consult** ☐ **Consent** *on pt record*

**Key Contact:** *(name, relationship, ph#)*

**Legal Substitute Health Care Decision Maker:** ☐ as above
☐Proxy ☐ Personal Guardian ☐Nearest relative
Copy of documents ☐ Proxy ☐ Personal Guardian
*(name, relationship, ph#)*

**Advance Care Plan (Health Care Directives):** ☐ Yes ☐ No ☐ on file
Location:

**Allergies**: *(describe reaction(s))* ☐ None Known
☐ Medi Alert on ☐ Agency Alert on
☐ Facility specific Allergy/Intolerance record completed *(if applicable)*
☐ Drug:
☐ Food:
☐ Latex:
☐ Environment:

**Test(s)/X-ray(s) completed to date:** ☐ **On Record** ☐ CBC ☐ Electrolytes ☐ UA ☐ CXR ☐ ECG ☐ Crossmatch ☐ Other:

| | | Yes | No | |
|---|---|---|---|---|
| PH | **Personal care assistance** | | | ☐ Preop bath done |
| | **Devices brought** | | | Dentures: ☐ U ☐ L ☐ Glasses ☐ Contact lens Hearing aid: ☐ Rt ☐ Lt |
| ELIM | **Bowel problems** | | | Date of last BM: |
| | **Bladder problems** | | | |
| NUTR | **Feeding assistance** | | | Diet: ☐ Reg ☐ Other: |
| | | | | ☐ NPO Last ate: Last drank: |
| MOB | **Ambulation assistance** | | | |
| | **Devices brought** | | | ☐ Cane ☐ Walker ☐ Wheelchair ☐ Prosthesis *(list)* ☐ See Mobility Record |

**OBSERVATIONS AND MEASUREMENTS**

| T ºC | P (per min) | R (per min) | BP | $SpO_2$ % | BG mmol/L | Wt (kg) | Ht (cm) | LMP |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | ☐ NA |

| Exposure to: | Yes | No |
|---|---|---|
| HIV | | |
| Hepatitis | | |
| TB | | |
| Other: | | |

Comments:

**History of ARO:** ☐Unknown ☐ No ☐ Yes *(list)*

☐ Facility ARO screening tool completed (if applicable)

**Pain** ☐Unable to verbalize pain
Provoked by:
Quality: ☐Sharp ☐Dull ☐Stabbing ☐Burning ☐Crushing ☐Intermittent ☐Occasional ☐Other:
Radiates/ Location:
Severity: 0 1 2 3 4 5 6 7 8 9 10
Time (when it started, how long it lasts):

**Systems Assessment** *(CNS, CVS, Resp., GI, GUR, MS, Integ, EENT)*
☐ See Assessment Addendum - Ambulatory

**History pertinent to this admission** *(include previous surgery/anesthesia/reactions)*

**MEDS**

**Current Medications:** ☐ NA ☐ See Best Possible Medication History (BPMH)

**Pharmacy of Choice** *(Name and Location):*

| | | Yes | No | |
|---|---|---|---|---|
| MEDS | **Previous anesthetic** *(describe reactions, if any)* | | | |
| TX PRO | **Previous blood transfusion(s)** *(describe reactions, if any)* | | | |
| | **Present treatments** | | | ☐ Home Care ☐ $O_2$ ☐ Physiotherapy ☐ Chiropractor ☐ Massage Therapy<br>☐ Complementary Therapies: *(describe)*<br>☐ Other: |
| TE | **Learning needs** | | | ☐ Refer to Preop/Postop Teaching Record |
| S | **Safety needs** | | | ☐ Facility specific falls risk assessment completed |
| PSYCHOSOCIAL | **Assistance available on discharge** | | | Name and Phone #: |
| | **Alcohol use in last 24 hours** *(if yes, when and how much?)* | | | |
| | **Smoker** *(# per day)* | | | |
| | **Illicit drugs used** *(describe)* | | | |
| | **Mental, emotional, behavioural status** | | | |

**Valuables:** ☐ **Locked** ☐ **At bedside** | **Orientation to:** ☐ **Layout** ☐ **Routine** | **ID**

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# Day/Night Care: Surgery – Pre/Post-Operative Flowsheet

## Vital Signs

| Date | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | | / | / | / | / | / | / | / | / | / | / | / | / | / |
| | | | | | | | | | | | | | | |
| 230 | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | |
| 210 | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| 190 | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | |
| 170 | | | | | | | | | | | | | | |
| BP ∨ ∧ 160 | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | |
| 130 | | | | | | | | | | | | | | |
| P ● 120 | | | | | | | | | | | | | | |
| 110 | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| 90 | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | |
| Temp | | | | | | | | | | | | | | |
| Resp | | | | | | | | | | | | | | |
| Pain *(0-10)* | | | | | | | | | | | | | | |
| $SpO_2$ | | | | | | | | | | | | | | |
| ID | | | | | | | | | | | | | | |

## Pre-Operative Checklist

| Patient detail: | Yes | No | NA | ID |
|---|---|---|---|---|
| ID Band on | | | | |
| Allergy Band on | | | | |
| History and Physical on chart | | | | |
| Voided in last hour | | | | |
| ECG done and on chart | | | | |
| Jewelry ☐ removed ☐ secured | | | | |
| Make up/nail polish removed | | | | |
| Contact lens removed/glasses | | | | |
| Hearing aid removed on surgical side | | | | |
| Denture/Partial/Retainer removed | | | | |
| Bowel Prep done ☐ at home ☐ today | | | | |

## Notes

To OR at:

Returned from OR at:

Dressing Site:

Dressing Type:

Packing: *(describe including count)*

☐ See Wound Record

## Medications

| Time | Medication | Dose | Route | Freq | Comments | ID |
|---|---|---|---|---|---|---|
| | | | | | | |
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| Time | IV Solution | Rate(mL/hr) | Site | Comments | ID |
|---|---|---|---|---|---|
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## Discharge Criteria

| | Yes | No | Comments |
|---|---|---|---|
| Alert/Oriented | | | |
| Ambulated | | | |
| Diet/Fluids tolerated | | | |
| Voided | | | |
| Vital Signs stable | | | |
| Pain controlled | | | |

| | Yes | No | Comments |
|---|---|---|---|
| Dressing dry and intact | | | |
| Rx given | | | |
| Meds returned | | | |
| Blood Glucose done | | | Results: |
| Discharge Instructions ☐ given ☐ understood | | | |
| Date/Time of Discharge: | | | |
| Accompanied by: | | | ID |

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