

# NEEDS ASSESSMENT AND RECORD OF CARE POST-ANAESTHETIC

## DO NOT COPY

Date/Time	Position
Anaesthetist	Type of Anaesthetic
DoSurgical Procedure	
Surgeon(s)	

Allergies and Reactions	Preop:SaO <sub>2</sub>	BP	<input type="checkbox"/> Inpatient
	T P R	R	<input type="checkbox"/> Outpatient

A. ADMISSION	ID	Time															SaO <sub>2</sub>
1. Get Report/Check Chart			/	/	/	/	/	/	/	/	/	/	/	/	/	/	
2. Check Airway		220															101
3. O <sub>2</sub> Therapy		210															100
4. Check IV(s)		200	BP	∇													99
5. Check Dressing/Wound		190		∧													98
6. Check Tubes/Drains		180	P	•													97
7. Cardiac Monitor		170															96
8. Position Patient		160	SaO <sub>2</sub>	x													95
9. Safety Measures		150															94
10. Hemodynamic Lines		140															93
11. Hypo/Hyperthermia Measures		130															92
12. Ventilator		120															91
<b>A. TOTAL # DETERMINERS</b>			Airway														90
<b>B. ONGOING</b>			Oral														89
1. Vital Signs		100	<input type="checkbox"/>														88
2. Recovery Score		90															87
3. Monitor IV(s)		80	ET														86
4. Check Dressing/Wound		70	<input type="checkbox"/>														85
5. Observe Tubes/Drains		60															84
6. Cardiac Monitor		50															83
7. Communication		40															82
8. Safety Measures		30	disc														81
9. Blood Products		20	Time:														80
10. Peripheral Pulses		10															
11. Hemodynamic Lines																	
12. Hypo/Hyperthermia Therapy			Resp														
13. Monitor Ventilator			Sensation Level														
14. Monitor Diagnostic Procedures			Other														
15. Sensation Level																	
<b>B. TOTAL # DETERMINERS</b>			RECOVERY SCORE														
<b>C. DISCHARGE</b>			Activity														
1. Hygiene: Sponge/Oral			Respiration														
2. I & O			Circulation														
3. disc Cardiac Monitor			Conscious														
4. disc O <sub>2</sub> Therapy			O <sub>2</sub> Saturation														
5. Check Dressing/Wound			Total														
6. Check Tubes/Drains			ID														
<b>POST-ANAESTHESIA RECOVERY SCORE CODES</b> (Aldrete, J.A. (1995, February) <i>J. Clinical Anesthesia</i> , 7, 89-91)																	
<b>C. TOTAL # OF DETERMINERS</b>			<b>ACTIVITY</b>						<b>CONSCIOUSNESS</b>								
			2 - Able to move 4 extremities voluntarily/on command						2 - Fully awake								
			1 - Able to move 2 extremities voluntarily/on command						1 - Arousable on calling								
			0 - Unable to move extremities voluntarily/on command						0 - Not responding								
<b>D. MISCELLANEOUS</b>			<b>RESPIRATION</b>						<b>O<sub>2</sub> SATURATION</b>								
1. Medication			2 - Able to breath deeply and cough freely						2 - Able to maintain O <sub>2</sub> Sat more than 92% on room air								
2. Travel to and from Unit			1 - Dyspnea or limited breathing						1- Needs O <sub>2</sub> inhalation to maintain O <sub>2</sub> Sat more than 90%								
3. Report to Unit Staff			0 - Apneic						0 - O <sub>2</sub> Sat less than 90% even with O <sub>2</sub> supplement.								
<b>D. TOTAL REAL TIME (MINS)</b>			<b>CIRCULATION</b>														
			2 - BP ± 20% of pre-op level														
			1 - BP ± 20- 49% of pre-op level														
			0 - BP ± 50% of pre-op level														
<b>TOTAL A + B + C + D =</b>		<b>÷ 60 =</b>													<b>PCH</b>		

