ΠΑΡΑΡΤΗΜΑ

Υπόδειγμα αναισθησιολογικών εντύπων στην Αγγλική:

α) Preanesthetic Evaluation (προαναισθητική ή προεγχειρητική επίσκεψη)

β) Anesthetic Record (διάγραμμα αναισθησίας)

γ) Postanesthesia Care Unit Record (διάγραμμα ΜΜΑΦ)

δ) Recovery Room Record (διάγραμμα ανάνηψης)

ε) Hospital Reappointment Form (έντυπο αίτησης επαναπρόσληψης)

Σημείωση: *Το διάγραμμα (ε) δεν υπάρχει σε μετάφραση στο κείμενο.*

PREANESTHETIC EVALUATION

Keyplate

Proposed Operation

Preoperative Diagnosis

B.P.	H.R.	R.R.	Temp.	Height	Weight	Physi ID us 1 5 E

Other:

Laboratory Data:

Na	Uric Acid	CPK	PTT
K	Ca	GGT	F_iO_2
Cl	Protein IC	Alk phos.	pH
CO_2	Phos.	Hgb	pCO_2
Glucose	Total Bili	PCV	pO_2
BUN	Dir. Bili	WBC	HCO_3
Creat.	LDH	Plate.	Urinalysis
	GOT	PT	

Current Medications: IA3

Premedication:

Allergies:

Last Oral Intake:

X-Ray IC

EKG

Anesthetic Hx: IA2

Medical Hx/system Review:

IA1

P.E. General: Date: Time:

Airway:

Lungs: IB

Heart:

OTHER

ANES. PLAN IE

WILL TAKE BLOOD YES NO | PREGNANT YES NO | SIGNATURE

POST-OPERATIVE

RECOVERY ROOM NOTE

III E

POST OPERATIVE VISIT

III F

OTHER AND SUMMARY

SIGNATURE

DATE CHART COMPLETED

DATE _____
Pre OP DX/ ICD 9 CODE _____
OPERATION/ CPT CODE _____
ATT. SURGEON _____

PREMED _____
EFFECT _____
AGE _____ WGT. _____
DRUG SENSITIVITY _____

PATIENT IDENTIFICATION

ANES CARE TEAM	#1	Start	End	Att. Sig.	Res./CRNA
	#2	Start	End	Att. Sig.	Res./CRNA
	#3	Start	End	Att. Sig.	Res./CRNA

PHYSICAL ST. US 1 2 3 4 5 E 6 II A1
PT. IDENTIFIED ☐ CONSENT PRESENT ☐ CHART REVIEWED ☐
LAST PO INTAKE _____

TIMES
ANES START _____
OP START _____
OP END _____
LEAVE OR _____
END ANES _____

GENERAL ☐
MAC no DRUG ☐
MAC with DRUG ☐
REGIONAL ☐ LOC BY SURG ☐
II E

LINE (SIZE & LOCATION)
☐ CVP _____
☐ PA _____
☐ ART _____
☐ IV _____
☐ IV _____
☐ IV _____

INDUCTION
IV ☐ INHAL ☐ RECTAL ☐
IM ☐ OTHER ☐ _____
PRE O, ☐ CRICOID PR. ☐
II F

MASK ☐
AIRWAY ORAL ☐ NASAL ☐
ETT# _____ at _____ cm
ORAL ☐ NASAL ☐
TRACHEOSTOMY ☐
TOPICAL ☐ DRUG _____
___ % ___ ml
TRANSTRACHEAL ☐
DRUG _____ ___ % ___ ml
AWAKE ☐ RAPID SEQUENCE ☐
DIRECT VISION ☐ BLIND ☐
FIBEROPTIC ☐ STYLETTE ☐
BLADE# _____ ATTEMPTS ___
DIFFICULT WHY _____

BILAT=BS ☐
SEMICLOSED CIRCLE ☐
CLOSED CIRCLE ☐
NON REBREATH ☐

☐ EQUIPMENT CHECKED AND FUNCTIONAL
☐ BP
CUFF SITE _____
ART SITE _____
☐ EKG LEAD _____
STETHOSCOPE
☐ PRECORDIAL
☐ ESOPHAGEAL
☐ TEMP SITE _____
☐ FIO, MONITOR
☐ AGENT MONITOR
☐ PULSE OXIMETER
☐ PA OXIMETER
☐ CAPNOGRAPH
☐ VENTILATOR
☐ NERVE BLK MONITOR
II A2

POSITION _____
☐ PRESSURE POINT CKD
EYE CARE
☐ OINT
☐ TAPE
TEMP CONTROL
☐ HUMIDIFIER
☐ BLD WARMER
☐ LIGHTS
☐ HEATERS
☐ HUGGERS
☐ BLANKET
☐ OTHER _____

TIME | TOTAL
N₂O/O, LPM
II C
F,O₂/SaO₂
E,CO₂/TC*
EKG
CVP/WEDGE
URINE
EBL
FLUIDS—BLD
II D

II F

ANESTHESIA
× START ⊗ FINISH
I INTUBATION
P PREP
⊙ OP START
⊙ OP END
EX EXTUBATION
B.P.
v SYSTOLIC
^ DIASTOLIC
× MEAN
• HEART RATE
Tourniquet up T↑
Tourniquet down T↓
RESP.
O Spont. ○
AR Assisted ∅
CR Controlled ⊗
RATE
TV
PIP
PEEP
240 220 200 180 160 140 120 100 80 60 40 20 10
II B
TEMP CENT (T)
42° 41° 40° 39° 38° 37° 36° 35° 34° 33° 32° 31° 30°

COMMENT #/SYMBOL
TIME
LAB VALUES
pH
PaCO₂
PaO₂/FIO₂
HCO₃/BE
Na/K

COMMENTS

REGIONAL
☐ EXTREMITY
SPECIFY _____
☐ SPINAL
☐ EPIDURAL ☐ CAUDAL
☐ CATHETER
☐ PUMP
☐ OTHER _____
POSITION _____
SITE _____
NEEDLE _____
PARASTHESIA yes ☐ no ☐
SPECIFY _____
SET/LOT # _____
DRUGS/DOSE _____
TEST DOSE cc _____
INITIAL DOSE cc _____
ANES LEVEL _____
CATH OUT INTACT ☐
COMMENTS _____
II E

INFANT DATA

ITEM			
SEX			
ALIVE OR STILLBORN			
TIME OF DELIVERY			

SPONT. ☐ FORCEPS OUT ☐ MID. ☐ BREECH ☐
TSR ____ sec. TIME ID. ____ min. ____ sec UD ____ sec

Heart Rate	/	/	/
RHYTHMIC RESP.	/	/	/
REFLEXES	/	/	/
MUSCLE TONE	/	/	/
COLOR	/	/	/
APGAR SCORE	/	/	/

INFANT RESUSCITATION BY _____
MECONIUM ☐ BULB ☐ DELEE ☐
TO PEDS ☐ CORD X _____
POOR ☐ FAIR ☐ EXCELLENT ☐

TIME PLACENTA EXPRESSED
MANUAL ☐ SPONTANEOUS ☐

OXYTOCICS	DOSE	ROUTE	TIME
A.			
B.			

Fetal Monitor External ☐ Internal ☐
Blood Gases Fetal ☐ Maternal ☐

TRANSPORTATION TO: ☐ PACU ☐ ICU ☐ OTHER _____
RELAXANT REVERSED yes ☐ no ☐
TRAIN OF 4 ☐ TET ☐ HEAD LIFT ☐
EKG ☐ PULSE OX ☐ ETT ☐
O, ☐ VENT: SPONT ☐ CONTRL ☐ ASST. ☐

RECOVERY ROOM SECTION
II G
TIME IN _____
CONDITION _____
P _____ R _____ TEMP _____
BP _____ SAO, _____ %
MENTAL STATUS _____
PACU SCORE _____
OXYGEN: NASAL ☐ MASK ☐ T. PIECE ☐ CPAP ☐
VENT ☐: SETTINGS _____

SIGNATURE

PAGE ___ OF ___

Anesthesia: General ☐ Epidural ☐
Spinal ☐ Other Regional ☐

Anesthesiologist: _____

Surgeon: _____

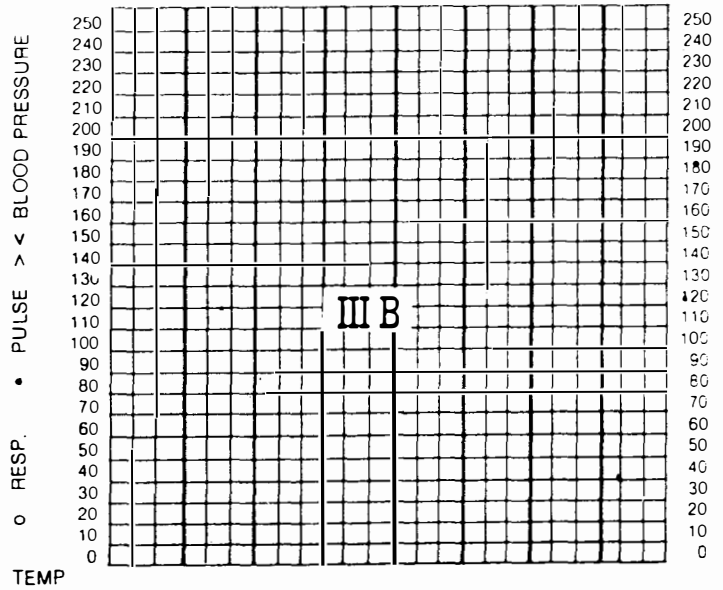
Procedure: _____

Received in PACU by: _____

Time In: _____ Time Out: _____

POSTANESTHESIA CARE UNIT RECORD

VITAL SIGNS



Pre-Op BP

OR BP

O_2

Begun:

Ended:

Method

INTAKE/OUTPUT

	IN	OUT
Emesis		
Gastric Suction		
Voided		
Urinary Catheter		
Chest Drainage		
Wound Drainage		
Recovery Room Blood Given		
PO Fluid		
IV Fluid		
TOTAL		

III D

O_2: Mask: _____ Ventilator: _____ Croupette: _____
Cannula: _____ Trach Collar: _____ T-Piece _____

Airways: NETT _____ TRACH _____ NASAL _____
OETT _____ ORAL _____

POST ANESTHESIA RECOVERY SCORE		IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntarily or on command = 2 Able to move 2 extremities voluntarily or on command = 1 Able to move 0 extremities voluntarily or on command = 0	ACTIVITY					
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION					
BP ± 20 of Preanesthetic level = 2 BP ± 20-50 of Preanesthetic level = 1 BP ± 50 of Preanesthetic level = 0	CIRCULATION			III A		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS					
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR					
	TOTALS					

SCORING INTERPRETATION

A MINIMUM TOTAL SCORE OF 8 IS REQUIRED FOR DISCHARGE. EXCEPTIONS TO THIS ARE TO BE EXPLAINED IN THE SPACE BELOW BY THE DISCHARGING PHYSICIAN.

III E

DATE & TIME	MEDICATIONS (Drug Dosage, Route)	MD	NURSE'S NOTES
	III C		

Evaluated and (M.D.) _____

Discharged by: (R.N.) _____

Transferred to Unit by: _____

Received on Unit by: _____

80-6000 Rev. 1/87

MASC

PHASE II

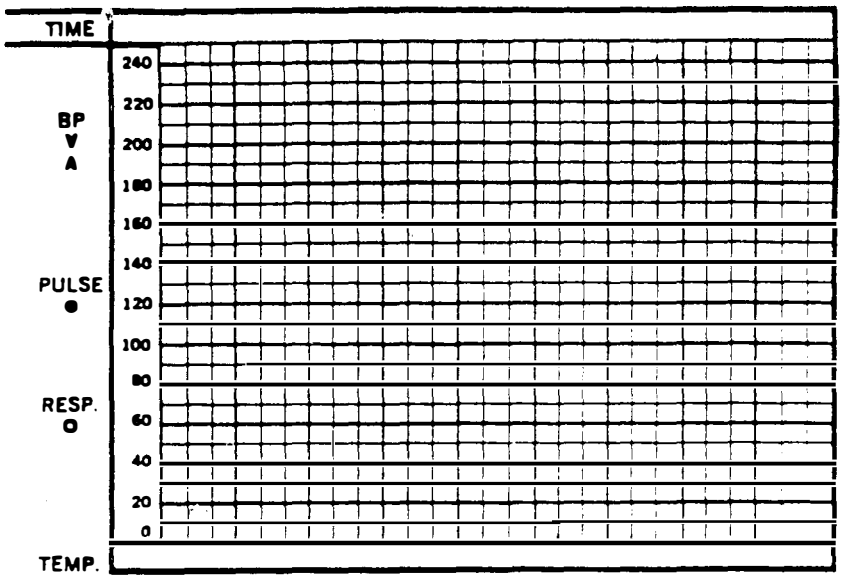
RECOVERY ROOM RECORD

DATE _____ TIME IN _____ TIME OUT _____

OPERATION _____

ANESTHESIA
- GENERAL ☐
- REGIONAL ☐
- LOCAL WITH SEDATION ☐
- LOCAL ☐
- E.T. ☐

EXAMPLE



DISCHARGE CRITERIA

- ☐ VITAL SIGNS STABLE
- ☐ SWALLOW, COUGH PRESENT
- ☐ ABLE TO AMBULATE
- ☐ DRESSINGS CHECKED
- ☐ TAKE HOME MEDICATION
- ☐ NAUSEA, VOMITING, DIZZINESS MINIMAL
- ☐ VOIDED
- ☐ AUTHORIZATION SIGNED
- ☐ ABSENCE OF RESPIRATORY DISTRESS
- ☐ PATIENT GIVEN DISCHARGE INSTRUCTION SHEET
- ☐ ALERT AND ORIENTED
- ☐ RESPONSIBLE ADULT PRESENT TO ESCORT PATIENT HOME
- ☐ POST-ANESTHESIA RECOVERY SCORE 10

MEDICATIONS	NURSES NOTES

NAME

_____ R.N.
SIGNATURE OF R.N. DISCHARGING PATIENT

_____ M.D.
RESPONSIBLE PHYSICIAN

EXAMPLE

HOSPITAL REAPPOINTMENT FORM

Name	Date of Birth	State License #
Office Address	Office Phone	Social Security #
Home Address	Home Phone	DEA #

Exchange or Answering Serv.	Date of Appointment	Department	Division

Type Privileges

American Boards: Specify Specialty Board Status and date of election:
Certified ☐ Recertified ☐ Date: American Board(s) of:

List College(s) and/or Academy(s) member of:

YEAR					
Age:					
Date registration/license expires:					
Date DEA expires:					
Mental-physical health status:					
Continuing Medical Education Credit hours:					
Comments to Chairman of Department: (use additional sheet if required)					
All information on this form is true to the best of my knowledge & belief. I apply for reappointment. SIGNATURE:					
DATE:					

NAME	Current Status:
Departmental meetings attended Present __ Excused __ Absent __	Staff meetings attended Present __ Excused __ Absent __

Staff Committee Assignments

	OTHER CHAIRMAN'S EVALUATION	ANESTHESIA DEPARTMENT CHAIRMAN'S EVALUATION	CREDENTIALS COMMITTEE'S EVALUATION
Retain present status			
Terminate provisional status			
Change in status to: Active, Courtesy, Consultant or Honorary			
Is individual in reasonably good mental & physical health? If no, explain			
Retain present privileges			
Change in privileges			
Any comments regarding this individual's professional performance, judgment, clinical/technical skills?			
Signature			
Date			