

**NOVAMED SURGERY CENTER OF CLEVELAND  
Medical Record Checklist**

| Section I - to be completed by RN   | N/A for the Procedure |      | Completed |      |
|---|-----------------------|------|-----------|------|
| PREOP   | Initial               | Date | Initial   | Date |
| Allergies and drug sensitivities are clearly and consistently recorded in a prominent place   |                       |      |           |      |
| Medical record includes required lab work, radiology, and pertinent H&P on chart and detailed medical necessity signed by surgeon   |                       |      |           |      |
| Surgery Partners Surgery Consent signed, timed, dated, and witnessed  |                       |      |           |      |
| H&P states patient appropriate for ASC setting and H&P less than 30 days old  |                       |      |           |      |
| Pre-op vitals recorded, signed, and dated. Pre-op nursing notes complete  |                       |      |           |      |
| Medication, dosage, and frequency completely documented. Allergies and drug sensitivities and reactions are clearly and consistently recorded in prominent place  |                       |      |           |      |
| Pre-op orders completely filled out, signed, and dated by physician   |                       |      |           |      |
| Informed consent (surgeon's office) signed/dated by patient, if any   |                       |      |           |      |
| Cataract and YAG patients: copy of the lifestyle complaints or copy of H&P substantiation justification for surgery   |                       |      |           |      |
| OR  |                       |      |           |      |
| Pertinent H&P and detailed evidence of Medical Necessity updated, signed, and dated by surgeon  |                       |      |           |      |
| When chart is flagged (non exempt tissue removed during surgery), pathology report, signed electronically by pathologist and the surgeon as evidence of receipt and transmittal of report to surgeon's office |                       |      |           |      |
| Implant(s)/Tissue information on OR sheet and log book  |                       |      |           |      |
| Intra-operative record complete and signed including OR start and end times   |                       |      |           |      |
| PACU  |                       |      |           |      |
| Patient assessment by physician is documented pre-and post-operatively  |                       |      |           |      |
| Anesthesia record is presented and includes assessment pre and post operatively. Physician assesses patient immediately prior to procedure for anesthesia procedural risk                                     |                       |      |           |      |
| Include documentation of patient conditions in surgery and recovery room and post operative instructions  |                       |      |           |      |
| Recovery room record completely filled out, signed, and dated   |                       |      |           |      |
| Post-op assessment/discharge criteria met   |                       |      |           |      |
| Discharge instructions completely filled out, signed, and dated by staff and patient/family member. Procedurally discharge by physician who performed procedure   |                       |      |           |      |
| The record is legible to clinical personnel with or without assistance. Chart and both sides of forms in chart is clearly and accurately labeled  |                       |      |           |      |
| Signed surgeon's Operative report is present and adequate for the procedure. Original or electronic signature (no stamps)   |                       |      |           |      |
| Significant advice given by telephone on record   |                       |      |           |      |
| Post-op follow up call recorded, signed, and dated or letter  |                       |      |           |      |
| Section II - to be completed by PSR or<br>Medical Record Clerk  |                       |      |           |      |
| Patient demographic form in chart, signed, and dated by patients  | Initials:             |      | Date:     |      |
| Copy of patients photo ID and insurance ID card are in chart/computer and match the patient demographic sheet   |                       |      |           |      |
| Acknowledgement of Receipt of Privacy Notice <u>OR</u> Documentation of Good Faith Efforts  |                       |      |           |      |
| Agreement of Responsibility/Patient Financial Responsibility form signed, timed, dated, and witnessed e.g. Assignment of Benefits and Release of Information, fee estimation                                  |                       |      |           |      |

\_\_\_\_\_  
Signature/Initial

\_\_\_\_\_  
Signature/Initial

\_\_\_\_\_  
Signature/Initial

\_\_\_\_\_  
Signature/Initial

\_\_\_\_\_  
Signature/Initial

ID / Visit: /

DOB:  
Phys:

DOS:  
Sex:  
Age:

# SAFE SURGERY CHECKLIST

Initial in Boxes Below

| VERIFICATION PROCESS   |  | Other                        | PRE-OP | OR |
|--|--|------------------------------|--------|----|
| A  | Patient identity verified with patient (or parent / guardian), ID bracelet, and demographic information  | Admitting initials           |        |    |
| B  | Patient, procedure and surgical site verified verbally with patient / parent / designee  |                              |        |    |
| C  | Procedure and surgical site verified with Physician's orders   |                              |        |    |
| D  | Patient, procedure, and surgical site verified with surgical consent   |                              |        |    |
| E  | Patient, procedure and surgical site verified with History & Physical  |                              |        |    |
| F  | Patient, procedure and surgical site (and, if applicable, include laterality) verified with surgery schedule   |                              |        |    |
| G  | Direct observation of the marked surgical site(s) is verified as correct when laterally involved   | <input type="checkbox"/> N/A |        |    |
| H  | Site Marked _____ by whom _____<br>Location marked _____ Name _____  | <input type="checkbox"/> N/A |        |    |
| I  | Procedure & surgical site verified with available imaging studies by physician   | <input type="checkbox"/> N/A |        |    |
| J  | Procedure site prepped per physician's orders  | <input type="checkbox"/> N/A |        |    |
| K  | Prior to the administration of any anesthetics, the Anesthesia provider will confirm:<br><input type="checkbox"/> Patient <input type="checkbox"/> Patient Consent <input type="checkbox"/> Procedural Site <input type="checkbox"/> Allergies   | Anes. initials               |        |    |
| L  | Time-out verification: Immediately prior to incision, entire team will pause and confirm:<br><input type="checkbox"/> Patient <input type="checkbox"/> Patient Consent <input type="checkbox"/> Procedural Site <input type="checkbox"/> Allergies <input type="checkbox"/> Special equip<br><input type="checkbox"/> Implant(s) confirmed by physician (if applicable) <input type="checkbox"/> Antibiotics (if applicable) |                              |        |    |
| M  | <b>Fire Risk Assessment:</b> Circle Yes or No. Score of 1 for each Yes. Score 0 for each No. Score: _____<br>Procedure site or incision above the xiphoid Yes/No Open O <sub>2</sub> source (face mask/nasal cannula) Yes/No<br>Ignition source (cautery, laser, fiberoptic light source) Yes/No   |                              |        |    |
| N  | Prior to patient exiting procedural suite, the following elements will be reviewed:<br><input type="checkbox"/> Post-op Diagnosis <input type="checkbox"/> Procedure   |                              |        |    |
|  | <input type="checkbox"/> Count status  | <input type="checkbox"/> N/A |        |    |
|  | <input type="checkbox"/> Specimen(s) confirmed and labeled   | <input type="checkbox"/> N/A |        |    |
| IF UNABLE TO COMPLETE A STEP IN THE VERIFICATION PROCESS, EXPLAIN WHY: |  |                              |        |    |
| Step _____   | Explanation:   |                              |        |    |
| Step _____   | Explanation:   |                              |        |    |
| ACTIONS / INSTRUCTIONS:  |  |                              |        |    |
| A & B  | Provide an explanation why the procedure and surgical site could not be verbally verified with the patient / designee.   |                              |        |    |
| C  | The order, consent, and H&P must agree.  |                              |        |    |
| D  | When procedure and site cannot be verified by consent, notify the physician. Correct before proceeding.  |                              |        |    |
| E  | When the procedure and surgical site cannot be verified with the H&P, contact physician and/or office for office notes. Note: some physicians bring H&P with them. The H&P must be on the chart prior to the patient entering the procedural suite.  |                              |        |    |
| F  | If the procedure (and laterality, if applicable) do not match the surgery schedule, contact surgery control desk and notify surgeon if necessary. Verify you have the correct patient, correct procedure, and correct site with consent and H&P.   |                              |        |    |
| G & H  | Person performing the procedure will mark the site of a procedure involving lateralization, multiple structures (such as fingers or toes) or multiple levels (such as spine procedures.)   |                              |        |    |
| I  | If an imaging study has been done but is not available for the verification process, the physician is to be notified. The decision to proceed will be made by the physician.   |                              |        |    |
| J  | Prep Site as ordered by the physician.   |                              |        |    |
| K & L  | Check each box in verification process before any incision is made, any procedural needle inserted, or any scope insertion.  |                              |        |    |
| M  | Assess Fire Risk as practiced using Facility Safety 310 Operating Room Fires-Prevention and Preparation.   |                              |        |    |
| N  | For final review, elements will be checked off prior to exiting the OR/Procedural Suite.   |                              |        |    |

Pre-Op Nurse \_\_\_\_\_ Circulator \_\_\_\_\_

Time of Time Out in Pre-Op \_\_\_\_\_

ID / Visit: /

DOS:

Sex:

Time of Time Out in O.R./Procedure room \_\_\_\_\_

DOB:

Age:

Phys:

# PREOPERATIVE HISTORY AND PHYSICAL

PROCEDURE: \_\_\_\_\_ PRE-OP DX: \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>PREVIOUS SURGERY:</b><br>_____<br>_____<br>_____ | <b>HX ANESTHETIC PROBLEMS:</b><br>_____<br>_____<br>_____ | AGE: _____ TOBACCO: _____<br>ETOH: _____ DRUGS: _____<br>NKA: <input type="checkbox"/> See Reverse for allergies <input type="checkbox"/><br>LATEX ALLERGY: YES _____ NO _____ |
|---|---|--|

|                                   |  |   |   |   |                             |
|-----------------------------------|--|---|---|---|-----------------------------|
| <b>Cardiovascular:</b>            | <input type="checkbox"/> HTN               | <input type="checkbox"/> MI                   | <input type="checkbox"/> C.H.F.                             | <input type="checkbox"/> MVP/MURMUR           | <input type="checkbox"/> NA |
|                                   | <input type="checkbox"/> Dysrhythmia       | <input type="checkbox"/> Angina               | <input type="checkbox"/> Cardiac Workup                     |   |                             |
| <b>Respiratory:</b>               | <input type="checkbox"/> Asthma            | <input type="checkbox"/> TB                   | <input type="checkbox"/> C.O.P.D.                           | <input type="checkbox"/> S.O.B                | <input type="checkbox"/> NA |
|                                   | <input type="checkbox"/> Chronic Cough     | <input type="checkbox"/> Bronchitis           | <input type="checkbox"/> Home O2                            | <input type="checkbox"/> Sleep Apnea          |                             |
| <b>Neurologic:</b>                | <input type="checkbox"/> Seizures          | <input type="checkbox"/> Stroke               | <input type="checkbox"/> Neuromuscular                      | <input type="checkbox"/> Headaches            | <input type="checkbox"/> NA |
|                                   | <input type="checkbox"/> Weakness          | <input type="checkbox"/> Paralysis            | <input type="checkbox"/> Diseases                           | <input type="checkbox"/> Vertigo              |                             |
| <b>GI/Hepatic:</b>                | <input type="checkbox"/> Cirrhosis         | <input type="checkbox"/> Reflux               | <input type="checkbox"/> Hiatal Hernia                      | <input type="checkbox"/> Esophageal Stricture | <input type="checkbox"/> NA |
|                                   | <input type="checkbox"/> Hepatitis         | <input type="checkbox"/> Ulcers               |   |   |                             |
| <b>Endocrine:</b>                 | <input type="checkbox"/> Thyroid           | <input type="checkbox"/> Hypoglycemia         | <input type="checkbox"/> Glucophage                         | <input type="checkbox"/> Steroid Use          | <input type="checkbox"/> NA |
|                                   | <input type="checkbox"/> NIDDM             | <input type="checkbox"/> IDDM                 | <input type="checkbox"/> N <input type="checkbox"/> Y _____ |   |                             |
| <b>Musculo/skeletal:</b>          | <input type="checkbox"/> Arthritis         | <input type="checkbox"/> Neck/Back Pain       |   |   | <input type="checkbox"/> NA |
| <b>Hematologic:</b>               | <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> ASA Use              | <input type="checkbox"/> Blood Disease                      |   | <input type="checkbox"/> NA |
|                                   | <input type="checkbox"/> Coumadin Use      | <input type="checkbox"/> NSAIDS               |   |   |                             |
|                                   |  | <input type="checkbox"/> Plavix               |   |   |                             |
| <b>Renal:</b>                     | <input type="checkbox"/> Stones            | <input type="checkbox"/> Dialysis             | <input type="checkbox"/> Renal Insuffic.                    |   | <input type="checkbox"/> NA |
| <b>Cancer:</b>                    | <input type="checkbox"/> Site: _____       | <input type="checkbox"/> When: _____          | <input type="checkbox"/> Chemo: _____                       | <input type="checkbox"/> Radiation            | <input type="checkbox"/> NA |
| <b>Psyc/Emotional:</b>            | <input type="checkbox"/> Depression        | <input type="checkbox"/> Hx Mental Ill.       | <input type="checkbox"/> Retardation                        |   | <input type="checkbox"/> NA |
| <b>HIV:</b>                       | <input type="checkbox"/> No                | <input type="checkbox"/> Yes                  | <input type="checkbox"/> Unknown                            |   |                             |
| <b>Pregnancy:</b>                 | <input type="checkbox"/> No                | <input type="checkbox"/> Yes                  | <input type="checkbox"/> Last MP: _____                     |   | <input type="checkbox"/> NA |
| <b>Diet Pills:</b>                | <input type="checkbox"/> No                | <input type="checkbox"/> Yes                  |   |   |                             |
| <b>PEDIATRICS &gt; 12 months:</b> | <input type="checkbox"/> Full Term         | <input type="checkbox"/> Premature _____ wks. | <input type="checkbox"/> Ventilated                         | <input type="checkbox"/> Apnea Episodes       | <input type="checkbox"/> NA |

**WRITTEN PATIENT BILL OF RIGHTS AND INFO ON ADVANCED DIRECTIVE RECEIVED PRIOR TO DOS & PATIENT VERBALIZED UNDERSTANDING**

YES \_\_\_\_\_ NO \_\_\_\_\_

**ORGAN DONOR: YES \_\_\_\_\_ NO \_\_\_\_\_**

**INSTRUCTED TO BRING ADVANCED DIRECTIVE \_\_\_\_\_ YES \_\_\_\_\_ ON CHART \_\_\_\_\_ DID NOT BRING \_\_\_\_\_ DOES NOT HAVE AD \_\_\_\_\_ INFO OFFERED**

**PROCEDURE VERIFIED WITH PATIENT**

**ARRANGEMENTS HOME: \_\_\_\_\_ YES \_\_\_\_\_ N/A**

**NPO INSTRUCTIONS: \_\_\_\_\_ YES \_\_\_\_\_ N/A**

**Pre-Admission Nurse Signature**

Date \_\_\_\_\_ Time \_\_\_\_\_

|                 |              |
|-----------------|--------------|
| Glucose _____   | HgbHct _____ |
| Platelets _____ | CL _____     |
| Na _____        | CXR _____    |
| K _____         | EKG _____    |

FSBS: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

BP \_\_\_\_\_ Pulse \_\_\_\_\_

Resp \_\_\_\_\_ Temp \_\_\_\_\_

SaO2 \_\_\_\_\_ Pain Score \_\_\_\_\_

Anesthesia/Surgeon \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Pre-Op Patient Information**

I certify that I (my child) have (has) had:

- Nothing to eat or drink, including water, since \_\_\_\_\_ am/pm
- To the best of my knowledge, my (my child's) physical condition remain unchanged since last examination and that I (my child) do (does) not have any cold or infection at the present time.

**Patient Valuables Disposition:**

| N/A  | Locker | Family | PACU  | Self  |
|--|--------|--------|-------|-------|
| <input type="checkbox"/> Valuables         | _____  | _____  | _____ | _____ |
| <input type="checkbox"/> Jewelry           | _____  | _____  | _____ | _____ |
| <input type="checkbox"/> Clothing          | _____  | _____  | _____ | _____ |
| <input type="checkbox"/> Glasses, Contacts | _____  | _____  | _____ | _____ |
| <input type="checkbox"/> Dentures          | _____  | _____  | _____ | _____ |
| <input type="checkbox"/> Hearing Aid       | _____  | _____  | _____ | _____ |

Prior to date of service I have received information in a language I understand and have been given an opportunity to ask questions about:

- Participation in decision making
- Exercising rights without discrimination or reprisal
- Informed about treatment/procedure and expected outcome
- Voicing grievances regarding care without reprisal
- Advance Directives
- Do not resuscitate policy
- Physician Ownership
- Patient Rights reviewed with patient/personal representative
- HIPPA privacy policy and statement

Patients Signature: \_\_\_\_\_

Order of Patient: \_\_\_\_\_ Patient Scheduled Arrival Time: \_\_\_\_\_

Patient Actual Arrival Time: \_\_\_\_\_ Chart Up for Pre-Op: \_\_\_\_\_

Patient Called By Pre-Op Nurse To Holding: \_\_\_\_\_

**CONSENTS: SIGNED/DATED/WITNESSED:  ID BAND  H&P:**

**Emotional Status:  Alert  Calm  Anxious Other: \_\_\_\_\_**

**Skin Condition:  Warm  Dry  Cool Other: \_\_\_\_\_**

**Surgical site verified:  Site prepped with: \_\_\_\_\_ N/A**

**SCD Hose: Right Calf/Foot  Left Calf/Foot  N/A**

**IV SOLUTION: \_\_\_\_\_ IV SITE: \_\_\_\_\_ W/O COMP.:**

**GAUGE: \_\_\_\_\_ STARTED BY: \_\_\_\_\_**

**PRE-OP MEDICATIONS**

| MEDICATION | ROUTE | TIME | SIGNATURE |
|------------|-------|------|-----------|
|            |       |      |           |
|            |       |      |           |
|            |       |      |           |
|            |       |      |           |
|            |       |      |           |

Pre-Op Nurse Signature/Initial: \_\_\_\_\_ / \_\_\_\_\_  
Date \_\_\_\_\_

ID / Visit: / \_\_\_\_\_ DOS: \_\_\_\_\_

Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Phys: \_\_\_\_\_

### MEDICATION/ALLERGY SHEET

|                                  |
|----------------------------------|
| NO KNOWN ALLERGIES/SENSITIVITIES |
|----------------------------------|

#### ALLERGIES / SENSITIVITIES

| Allergy/Sensitivity | Reaction | Allergy/Sensitivity | Reaction |
|---------------------|----------|---------------------|----------|
|                     |          |                     |          |
|                     |          |                     |          |
|                     |          |                     |          |
|                     |          |                     |          |

#### MEDICATIONS & DOSAGES

| MEDICATION | DOSE | X per day      | MEDICATION | DOSE | X per day |          |
|------------|------|----------------|------------|------|-----------|----------|
|            |      |                |            |      |           |          |
|            |      |                |            |      |           |          |
|            |      |                |            |      |           |          |
|            |      |                |            |      |           |          |
|            |      |                |            |      |           |          |
|            |      |                |            |      |           |          |
|            |      |                |            |      |           |          |
|            |      |                |            |      |           |          |
| PROCEDURE  | Date | preop<br>nurse | circ       | pacu | anes      | comments |
|            |      |                |            |      |           |          |

#### UNABLE TO CONTACT FOR MEDICAL HISTORY AND PHYSICAL

|                   |     |     |        |      |              |
|-------------------|-----|-----|--------|------|--------------|
| 1ST ATTEMPT DATE: | By: | msg | no ans | busy | (circle one) |
| 2ND ATTEMPT DATE: | By: | msg | no ans | busy | (circle one) |

#### ADDITIONAL NURSE'S NOTES

|       |  |
|-------|--|
| DATE: |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |

ID / Visit: / DOS:  
 Sex:  
 DOB: Age:  
 Phys:

**NOVAMED SURGERY CENTER OF CLEVELAND  
Post-Operative Note**

|                               |             |     |       |         |
|-------------------------------|-------------|-----|-------|---------|
| <b>Pre-Op Diagnosis:</b>      | 1)          |     |       |         |
|                               | 2)          |     |       |         |
|                               | 3)          |     |       |         |
|                               | 4)          |     |       |         |
|                               | 5)          |     |       |         |
|                               |             |     |       |         |
| <b>Post-Op Diagnosis:</b>     | 1)          |     |       |         |
|                               | 2)          |     |       |         |
|                               | 3)          |     |       |         |
|                               | 4)          |     |       |         |
|                               | 5)          |     |       |         |
|                               |             |     |       |         |
| <b>Surgery / Procedure:</b>   | 1)          |     |       |         |
|                               | 2)          |     |       |         |
|                               | 3)          |     |       |         |
|                               | 4)          |     |       |         |
|                               | 5)          |     |       |         |
|                               |             |     |       |         |
| <b>Anesthesia:</b>            | IV Sedation | MAC | Local | General |
|                               |             |     |       |         |
| <b>Estimated blood loss:</b>  |             |     |       |         |
| <b>Findings:</b>              |             |     |       |         |
|                               |             |     |       |         |
| <b>Assistant:</b>             |             |     |       |         |
| <b>Specimens:</b>             |             |     |       |         |
|                               |             |     |       |         |
| <b>Complications:</b>         |             |     |       |         |
|                               |             |     |       |         |
| <b>Physician's signature:</b> |             |     |       |         |
| <b>Date:</b>                  |             |     |       |         |
| <b>Time:</b>                  |             |     |       |         |
|                               |             |     |       |         |

ID / Visit: /

DOS:

DOB:

Sex:

Phys:

Age:

## Perioperative Nursing Record

**Date:** \_\_\_\_\_ **Time In:** \_\_\_\_\_ **Surg. Start:** \_\_\_\_\_  
**OR Room #:** \_\_\_\_\_ **Surg. Stop:** \_\_\_\_\_ **Time Out:** \_\_\_\_\_

**Patient Assessment:**  Pre-op nursing assessment reviewed/ physician H&P reviewed  Explanation of operative routine  
 Patient's questions answered  NA

**Patient ID:**  verbal  band  chart  guardian  surgeon

**Orientation:**  see pre-op assessment  \_\_\_\_\_

**Allergies:**  see pre-op assessment  \_\_\_\_\_

**Surgical Site / Procedure confirmed:**  consent  patient  chart/schedule  surgeon  guardian  
 Implant/equipment available if applicable

**Pre-Operative Diagnosis:** \_\_\_\_\_

**Postoperative Diagnosis:** \_\_\_\_\_

**Type of Anesthesia:**  General  MAC  Spinal/Epidural  Regional  IV Conscious Sedation  Local

**Surgeon:** \_\_\_\_\_ **Anesthesia:** \_\_\_\_\_ **Time Out performed per protocol**  **at** \_\_\_\_\_

**2nd procedure time out per protocol (if applicable) at** \_\_\_\_\_

**Assistant:**  N/A \_\_\_\_\_ **Relief:**  N/A \_\_\_\_\_

**Surgical Procedure:** \_\_\_\_\_

| Circulating Personnel | In    | Out   | Initials | Scrub Personnel | In    | Out   | Initials |
|-----------------------|-------|-------|----------|-----------------|-------|-------|----------|
| _____                 | _____ | _____ | _____    | _____           | _____ | _____ | _____    |
| _____                 | _____ | _____ | _____    | _____           | _____ | _____ | _____    |

Non-routine Observer:  N/A \_\_\_\_\_

**Pathology/Laboratory:**  NA  Tissue removed but not sent to pathology

| Specimen | Type   | Disposition |
|----------|--|-------------|
| 1. _____ | <input type="checkbox"/> Perm <input type="checkbox"/> Frozen <input type="checkbox"/> Culture | _____       |
| 2. _____ | <input type="checkbox"/> Perm <input type="checkbox"/> Frozen <input type="checkbox"/> Culture | _____       |
| 3. _____ | <input type="checkbox"/> Perm <input type="checkbox"/> Frozen <input type="checkbox"/> Culture | _____       |

Pyloritek  N/A  Result faxed to Physicians Office

**Implants:**  NA \_\_\_\_\_

| Time  | Med/Dose | Route | Initials | Eye Room:   |
|-------|----------|-------|----------|---|
| _____ | _____    | _____ | _____    | <input type="checkbox"/> NA <input type="checkbox"/> Alcaine 0.5% Opth. Sol. Both Eyes<br><input type="checkbox"/> NA <input type="checkbox"/> Provisc <input type="checkbox"/> Occucoat <input type="checkbox"/> Viscoat <input type="checkbox"/> BSS 15ml<br><input type="checkbox"/> NA <input type="checkbox"/> Xylocaine 4% - 1 ml <input type="checkbox"/> Epi 1 : 1000<br><input type="checkbox"/> NA <input type="checkbox"/> Irrigation BSS 500ml <input type="checkbox"/> with epi 0.5 ml ( 1 : 1000 )<br><input type="checkbox"/> NA <input type="checkbox"/> Travatan (Post-Op) <input type="checkbox"/> Timolol<br><input type="checkbox"/> NA <input type="checkbox"/> Betadine drops <input type="checkbox"/> Preop <input type="checkbox"/> Postop<br><input type="checkbox"/> NA <input type="checkbox"/> Lens checked with office chart/name band/surgeon |
| _____ | _____    | _____ | _____    |   |
| _____ | _____    | _____ | _____    |   |
| _____ | _____    | _____ | _____    |   |
| _____ | _____    | _____ | _____    |   |

Tray: \_\_\_\_\_ Phaco: \_\_\_\_\_

Time Out Protocol Includes: Correct Patient Identity, confirmation that the correct side and site are marked, an accurate procedure consent form compared to the history and physical and physician's orders, agreement on the procedure to be performed, correct patient position, relevant images and results are properly labeled and appropriately displayed if applicable, the need to administer antibiotics or fluids for irrigation purposes, safety precautions based on the patient history or medication use.

ID / Visit: /                      Gender:  
 DOB:                                      Age:  
 Phys:  
 DOS:

**Sterile Technique**

- Chemical Indicators Checked
- Standard Precautions
- Sterile Field monitored for break in technique
- Surgical wound classification:
- Clean  Clean Contaminated  Contaminated  Dirty
- Skin Closure:  NA \_\_\_\_\_
- Dressing/Packing  NA \_\_\_\_\_

**Intraoperative Skin Preparation  NA**

- Prep Site: \_\_\_\_\_ Prep By: \_\_\_\_\_
- Prep Solution  Betadine Scrub  Betadine Soluuiouin
- Alcohol  Chloraprep  Betadine Swabs/Gel
- NA  Wet  Dry  Clipper
- NA  Hair around incision removed by: \_\_\_\_\_

**Surgical Counts  NA**

| Item          | Initial Count | 1st   | 2nd   | Final |
|---------------|---------------|-------|-------|-------|
| Sponge        | _____         | _____ | _____ | _____ |
| Sharp         | _____         | _____ | _____ | _____ |
| Instruments   | _____         | _____ | _____ | _____ |
| Miscellaneous | _____         | _____ | _____ | _____ |

- Surgeon notified of counts  count correct  count incorrect
- Action taken for incorrect count as follows:  search done
- Wound  room  microscope  operative x-ray

Results \_\_\_\_\_

**Patient Position**

- Supine  lateral  Right  Left  prone
- Jackknife  Proper body alignment
- Other \_\_\_\_\_

**Arm Position**

- Armboard  Right Abducted <  45°  90°
- Armboard  Left Abducted <  45°  90°
- By Side  Right  Left  Across Chest  Right  Left
- Surrender position  Eggcrate padding used

**Patient Position**

- Safety belt \_\_\_\_\_  Head Support \_\_\_\_\_
- Pt on Eye stretcher  Pt head taped to eye stretcher
- Pt on stretcher Side Rails up X \_\_\_\_\_
- Knees elevated for comfort

**Fluid Electrolyte**

- NA IV  No S/SX of IV/INT complications noted.
- Patency of IV lines/drainage tubes checked
- No c/o pain at site Site: \_\_\_\_\_
- Irrigation  NA \_\_\_\_\_
- Meds Added:  NA \_\_\_\_\_
- Drains:  NA \_\_\_\_\_
- Fluid Output  NA
- Drains \_\_\_\_\_ ml  Urine \_\_\_\_\_ ml
- EBL \_\_\_\_\_ ml  Other \_\_\_\_\_ ml

**Electrosurgical Unit:  NA**

Manufacturer: \_\_\_\_\_  
 Site: \_\_\_\_\_  
 Watts \_\_\_\_\_ Coag \_\_\_\_\_ Cut \_\_\_\_\_  
 Post Op pad site:  without S/SX of complications  
 Mild Redness  Other \_\_\_\_\_

**Tourniquet  NA**

Site #1: \_\_\_\_\_ Setting: \_\_\_\_\_  
 Site #2: \_\_\_\_\_ Setting: \_\_\_\_\_

#1-Time Up \_\_\_\_\_ Down: \_\_\_\_\_  
 #2-Time Up \_\_\_\_\_ Down: \_\_\_\_\_

**X-Rays  NA**

Area: \_\_\_\_\_ Fluoro x \_\_\_\_\_ min \_\_\_\_\_ sec  
 Pictures Made:  On Chart  to Dr.  N/A

**SCD Hose  NA**

Right Leg  Left Leg

**Plexi pulse  NA**

Right foot  Left foot

**Patient Disposition:**

- Patient transferred to PACU
- Accompanied by: \_\_\_\_\_
- Via:  stretcher  Wheelchair  Carried
- Patient condition on transfer:  Good  Fair  Poor
- Mental Status:  Alert  Calm  Sedate  Anxious
- Unconscious  Other \_\_\_\_\_
- Received By: \_\_\_\_\_

**NURSES NOTES**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  NA

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|               |         |
|---------------|---------|
| ID / Visit: / | Gender: |
| DOB:          | Age:    |
| Phys:         |         |
| DOS:          |         |

# Novamed Surgery Center of Cleveland Anesthesia Record

| DATE<br>#Error  |   | OR No.  |           | Surgeon(s)   |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
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| Diagnosis   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Procedure   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>PRE-PROCEDURE</b> <input type="checkbox"/> procedure verified w/pt.<br><input type="checkbox"/> Identified <input type="checkbox"/> ID Band <input type="checkbox"/> Questioning<br><input type="checkbox"/> Chart Reviewed <input type="checkbox"/> Permit Signed<br><input type="checkbox"/> Time Out  |   | <b>MONITORS AND EQUIPMENT</b><br><input type="checkbox"/> Steth <input type="checkbox"/> Precord <input type="checkbox"/> Esoph <input type="checkbox"/> Other<br><input type="checkbox"/> Non-invasive B/P <input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Continuous EKG <input type="checkbox"/> Oxygen Sensor<br><input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Gas Analyzer<br><input type="checkbox"/> End Tidal O2 <input type="checkbox"/> Nerve Stimulator<br><input type="checkbox"/> Temp. _____ <input type="checkbox"/> IV Pump X _____<br><input type="checkbox"/> Airway Humidifier |           | <b>ANESTHETIC TECHNIQUE</b><br><b>General:</b> <input type="checkbox"/> Pre-Oxygen<br><input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure<br><input type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> MAC<br><b>Regional:</b><br><input type="checkbox"/> Bier Block <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural<br><input type="checkbox"/> Interscalene <input type="checkbox"/> Ankle Block <input type="checkbox"/> Axillary<br><input type="checkbox"/> Popliteal <input type="checkbox"/> Femoral <input type="checkbox"/> Sciatic<br><input type="checkbox"/> Median <input type="checkbox"/> Radial <input type="checkbox"/> Ulna<br><input type="checkbox"/> Stimulator used <input type="checkbox"/> Other<br>Local _____<br>Prep _____<br>Lot # _____ Exp. _____ |  | <b>AIRWAY MANAGEMENT</b><br><b>Intubation</b> <input type="checkbox"/> Oral Tube size _____<br><input type="checkbox"/> Style used <input type="checkbox"/> Nasal <input type="checkbox"/> Regualr<br><input type="checkbox"/> Magill 's <input type="checkbox"/> Direct <input type="checkbox"/> Rae<br><input type="checkbox"/> Blind <input type="checkbox"/> Armored<br><input type="checkbox"/> Blade _____ <input type="checkbox"/> Atraumatic<br><input type="checkbox"/> Secured at _____ cm<br><input type="checkbox"/> Attempt X _____ <input type="checkbox"/> ET CO <sub>2</sub> present<br><input type="checkbox"/> Breath sounds _____<br><input type="checkbox"/> Uncuffed, leaks at _____ cm H <sub>2</sub> O<br><input type="checkbox"/> Cuffed <input type="checkbox"/> Min. acc. pres _____<br><input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal (see remarks)<br>Circuit: <input type="checkbox"/> Circle<br><input type="checkbox"/> Mask Case <input type="checkbox"/> Nasal Cannula<br><input type="checkbox"/> LMA # _____ <input type="checkbox"/> O <sub>2</sub> mask |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>PATIENT SAFETY</b><br><input type="checkbox"/> Anes. Equipment Checked<br><input type="checkbox"/> Safety belt on <input type="checkbox"/> Axillary Roll<br><input type="checkbox"/> Armboard Restraints <input type="checkbox"/> Arm Tucked<br><input type="checkbox"/> Pressure points checked and padded<br><input type="checkbox"/> Eye Care <input type="checkbox"/> Ointment <input type="checkbox"/> Saline<br><input type="checkbox"/> Taped <input type="checkbox"/> Pads <input type="checkbox"/> Goggles  |   | <b>Operative Complications</b>  |           | <b>RECOVERY</b><br>Location _____<br>B/P _____ O <sub>2</sub> Sat _____<br>P _____ R _____ T _____<br><input type="checkbox"/> Awake <input type="checkbox"/> Stable <input type="checkbox"/> Unstable<br><input type="checkbox"/> Nasal Oxygen <input type="checkbox"/> Mask Oxygen<br><input type="checkbox"/> Drowsy <input type="checkbox"/> Somnolent<br><input type="checkbox"/> Intubated <input type="checkbox"/> Unarousable<br><input type="checkbox"/> T-piece Oxygen <input type="checkbox"/> Ventilator<br><input type="checkbox"/> Oral / Nasal airway<br><input type="checkbox"/> Natural airway<br>Report given to: _____  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| TIME:   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Oxygen (L/min.)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>N<sub>2</sub>O Air (L/min.)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DES / SEVO %</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DIPRIVAN / LIDO / MG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FENTANYL / CC</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VERSED / MG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ZOFRAN / DEC Mg</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DEMEROL / MS Mg</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>SUCC / Zem MG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>TORADOL</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>  |   |   |           | Oxygen (L/min.)  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              | N <sub>2</sub> O Air (L/min.) |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                | DES / SEVO % |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               | DIPRIVAN / LIDO / MG |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      | FENTANYL / CC |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          | VERSED / MG |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   | ZOFRAN / DEC Mg |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           | DEMEROL / MS Mg  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           | SUCC / Zem MG |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TORADOL |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">TOTALS</th></tr> <tr><td>MG</td><td></td></tr> <tr><td>CC</td><td></td></tr> <tr><td>MG</td><td></td></tr> </table> |         | TOTALS |  | MG |  | CC |  | MG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Oxygen (L/min.)   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| N <sub>2</sub> O Air (L/min.)   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| DES / SEVO %  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| DIPRIVAN / LIDO / MG  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| FENTANYL / CC   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| VERSED / MG   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| ZOFRAN / DEC Mg   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| DEMEROL / MS Mg   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| SUCC / Zem MG   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| TORADOL   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| TOTALS  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| MG  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| CC  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| MG  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2"><b>AGENTS</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Oxygen</td><td>(L/min.)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>N<sub>2</sub>O Air</td><td>(L/min.)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DES / SEVO</td><td>%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DIPRIVAN / LIDO / MG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FENTANYL / CC</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VERSED / MG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ZOFRAN / DEC Mg</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DEMEROL / MS Mg</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>SUCC / Zem MG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>TORADOL</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="2"><b>FLUIDS</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>LR / NS</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>EBL</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Urine</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="2"><b>MONITORS</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>EKG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>SpO<sub>2</sub></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ETCO<sub>2</sub></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FIO<sub>2</sub></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Temp: <input type="checkbox"/> °C <input type="checkbox"/> °F</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Warmer</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |   |   |           | <b>AGENTS</b>  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               | Oxygen | (L/min.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              | N <sub>2</sub> O Air | (L/min.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      | DES / SEVO | % |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               | DIPRIVAN / LIDO / MG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             | FENTANYL / CC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 | VERSED / MG       |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  | ZOFRAN / DEC Mg |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               | DEMEROL / MS Mg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         | SUCC / Zem MG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TORADOL |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>FLUIDS</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LR / NS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | EBL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Urine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>MONITORS</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | EKG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | SpO <sub>2</sub> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ETCO <sub>2</sub> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | FIO <sub>2</sub> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Temp: <input type="checkbox"/> °C <input type="checkbox"/> °F |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Warmer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Patient reassessed immediately prior to induction of anesthesia</td></tr> <tr><td><input type="checkbox"/> None Ordered <input type="checkbox"/> Antibiotics Given</td></tr> <tr><td style="text-align: center;">Time Dose</td></tr> <tr><td colspan="2" style="text-align: center;"><b>REMARKS</b></td></tr> <tr><td colspan="2">Time out performed at _____</td></tr> <tr><td colspan="2"><b>PHYSICAL EXAM</b></td></tr> <tr><td colspan="2">Heart _____</td></tr> <tr><td colspan="2">Lung _____</td></tr> <tr><td colspan="2">Neck _____</td></tr> <tr><td>Dental</td><td><input type="checkbox"/> Caps <input type="checkbox"/> Bridge <input type="checkbox"/> Dentures</td></tr> <tr><td>Mental Status</td><td><input type="checkbox"/> Alert <input type="checkbox"/> Calm <input type="checkbox"/> Anxious</td></tr> <tr><td></td><td><input type="checkbox"/> Sedate <input type="checkbox"/> Other: _____</td></tr> <tr><td colspan="2">NPO Status: _____</td></tr> <tr><td colspan="2">Mallampati Class: _____</td></tr> <tr><td colspan="2">ASA Class: _____</td></tr> <tr><td colspan="2">Anesthesiologist / Surgeon _____ Date _____ Time _____</td></tr> <tr><td colspan="2"><b>ANESTHETIC PLAN</b></td></tr> <tr><td colspan="2"><input type="checkbox"/> GENERAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> MAC</td></tr> <tr><td colspan="2"><input type="checkbox"/> Patient / Guardian informed of anesthetic options / risks and consents</td></tr> <tr><td colspan="2"><input type="checkbox"/> Patient / Guardian refuses to discuss options / risks</td></tr> <tr><td colspan="2"><b>TORNIQUET:</b> Site _____</td></tr> <tr><td colspan="2">Start _____ Stop _____</td></tr> <tr><td colspan="2">_____ mm/Hg</td></tr> </table> |  | <input type="checkbox"/> Patient reassessed immediately prior to induction of anesthesia | <input type="checkbox"/> None Ordered <input type="checkbox"/> Antibiotics Given | Time Dose | <b>REMARKS</b> |  | Time out performed at _____ |  | <b>PHYSICAL EXAM</b> |  | Heart _____ |  | Lung _____ |  | Neck _____ |  | Dental | <input type="checkbox"/> Caps <input type="checkbox"/> Bridge <input type="checkbox"/> Dentures | Mental Status | <input type="checkbox"/> Alert <input type="checkbox"/> Calm <input type="checkbox"/> Anxious |  | <input type="checkbox"/> Sedate <input type="checkbox"/> Other: _____ | NPO Status: _____ |  | Mallampati Class: _____ |  | ASA Class: _____ |  | Anesthesiologist / Surgeon _____ Date _____ Time _____ |  | <b>ANESTHETIC PLAN</b> |  | <input type="checkbox"/> GENERAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> MAC |  | <input type="checkbox"/> Patient / Guardian informed of 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| <b>AGENTS</b>   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Oxygen  | (L/min.)  |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| N <sub>2</sub> O Air  | (L/min.)  |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| DES / SEVO  | %   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| DIPRIVAN / LIDO / MG  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| FENTANYL / CC   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| VERSED / MG   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| ZOFRAN / DEC Mg   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| DEMEROL / MS Mg   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| SUCC / Zem MG   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| TORADOL   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>FLUIDS</b>   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| LR / NS   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| EBL   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Urine   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>MONITORS</b>   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| EKG   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| SpO <sub>2</sub>  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| ETCO <sub>2</sub>   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| FIO <sub>2</sub>  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Temp: <input type="checkbox"/> °C <input type="checkbox"/> °F   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Warmer  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> Patient reassessed immediately prior to induction of anesthesia  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> None Ordered <input type="checkbox"/> Antibiotics Given  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Time Dose   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>REMARKS</b>  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Time out performed at _____   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>PHYSICAL EXAM</b>  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Heart _____   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Lung _____  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Neck _____  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Dental  | <input type="checkbox"/> Caps <input type="checkbox"/> Bridge <input type="checkbox"/> Dentures |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Mental Status   | <input type="checkbox"/> Alert <input type="checkbox"/> Calm <input type="checkbox"/> Anxious   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
|   | <input type="checkbox"/> Sedate <input type="checkbox"/> Other: _____                           |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| NPO Status: _____   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Mallampati Class: _____   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| ASA Class: _____  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Anesthesiologist / Surgeon _____ Date _____ Time _____  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>ANESTHETIC PLAN</b>  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> GENERAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> MAC   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> Patient / Guardian informed of anesthetic options / risks and consents   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> Patient / Guardian refuses to discuss options / risks  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>TORNIQUET:</b> Site _____  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Start _____ Stop _____  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| _____ mm/Hg   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><b>VENT</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Tidal Volume</td><td>ML</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Resp. Rate per</td><td>MIN</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Peak Pressure</td><td>MM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PEEP</td><td>MM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Position</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>  |   | <b>VENT</b>   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  | Tidal Volume | ML                            |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Resp. Rate per | MIN          |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Peak Pressure | MM                   |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PEEP | MM            |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Position |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2"><b>ANESTHESIA</b></td><td colspan="2">Post Operative Complications</td><td colspan="2">Anesthesia Provider</td></tr> <tr><td>Start</td><td>OR</td><td>Vital Signs in pt normal range</td><td>Yes _____</td><td colspan="2">Anesthesiologist</td></tr> <tr><td></td><td></td><td>Resp function stable; airway patent</td><td>Yes _____</td><td colspan="2">Drug Allergies <input type="checkbox"/> NKDA</td></tr> <tr><td></td><td></td><td>Cardiovascular function &amp; hydration status stable</td><td>Yes _____</td><td colspan="2"><input type="checkbox"/> Drug allergies reviewed per pre-op record</td></tr> <tr><td>Stop</td><td>PACU</td><td>Mental status recovered; pt participates in evaluation</td><td>Yes _____</td><td colspan="2"></td></tr> <tr><td></td><td></td><td>Pain control satisfactory</td><td>Yes _____</td><td colspan="2"></td></tr> <tr><td></td><td></td><td>Nausea &amp; vomiting control satisfactory</td><td>Yes _____</td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td>comments:</td><td></td><td colspan="2"></td></tr> <tr><td colspan="2"></td><td>Anesthesiologist / Surgeon _____ Date _____ Time _____</td><td></td><td colspan="2"></td></tr> </table> |                 | <b>ANESTHESIA</b> |  | Post Operative Complications |  | Anesthesia Provider |  | Start | OR | Vital Signs in pt normal range | Yes _____ | Anesthesiologist |  |  |  | Resp function stable; airway patent | Yes _____ | Drug Allergies <input type="checkbox"/> NKDA |  |  |  | Cardiovascular function & hydration status stable | Yes _____ | <input type="checkbox"/> Drug allergies reviewed per pre-op record |                 | Stop | PACU | Mental status recovered; pt participates in evaluation | Yes _____ |  |  |  |  | Pain control satisfactory | Yes _____ |  |  |  |  | Nausea & vomiting control satisfactory | Yes _____ |  |  |  |  | comments: |               |                 |  |  |  | Anesthesiologist / Surgeon _____ Date _____ Time _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>VENT</b>   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Tidal Volume  | ML  |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Resp. Rate per  | MIN   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Peak Pressure   | MM  |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| PEEP  | MM  |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Position  |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <b>ANESTHESIA</b>   |   | Post Operative Complications  |           | Anesthesia Provider  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Start   | OR  | Vital Signs in pt normal range  | Yes _____ | Anesthesiologist   |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
|   |   | Resp function stable; airway patent   | Yes _____ | Drug Allergies <input type="checkbox"/> NKDA   |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
|   |   | Cardiovascular function & hydration status stable   | Yes _____ | <input type="checkbox"/> Drug allergies reviewed per pre-op record   |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| Stop  | PACU  | Mental status recovered; pt participates in evaluation  | Yes _____ |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
|   |   | Pain control satisfactory   | Yes _____ |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
|   |   | Nausea & vomiting control satisfactory  | Yes _____ |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
|   |   | comments:   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
|   |   | Anesthesiologist / Surgeon _____ Date _____ Time _____  |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2"><input type="checkbox"/> Block Done for Post-Op Analges</td></tr> <tr><td><input type="checkbox"/> Axillary</td><td><input type="checkbox"/> Intrathecal Duramorph</td></tr> <tr><td><input type="checkbox"/> Intraarticular</td><td><input type="checkbox"/> Sciatic</td></tr> <tr><td><input type="checkbox"/> Epidural</td><td><input type="checkbox"/> Popliteal</td></tr> <tr><td><input type="checkbox"/> Interscalene</td><td><input type="checkbox"/> Ankle <input type="checkbox"/> Other</td></tr> <tr><td><input type="checkbox"/> Femoral</td><td>Block time _____ to _____</td></tr> </table>   |   |   |           |  |  | <input type="checkbox"/> Block Done for Post-Op Analges  |  | <input type="checkbox"/> Axillary | <input type="checkbox"/> Intrathecal Duramorph | <input type="checkbox"/> Intraarticular | <input type="checkbox"/> Sciatic | <input type="checkbox"/> Epidural | <input type="checkbox"/> Popliteal | <input type="checkbox"/> Interscalene | <input type="checkbox"/> Ankle <input type="checkbox"/> Other | <input type="checkbox"/> Femoral | Block time _____ to _____ |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> Block Done for Post-Op Analges   |   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> Axillary   | <input type="checkbox"/> Intrathecal Duramorph  |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> Intraarticular   | <input type="checkbox"/> Sciatic  |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> Epidural   | <input type="checkbox"/> Popliteal  |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> Interscalene   | <input type="checkbox"/> Ankle <input type="checkbox"/> Other                                   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |
| <input type="checkbox"/> Femoral  | Block time _____ to _____   |   |           |  |  |  |  |                                   |  |   |                                  |                                   |                                    |                                       |   |                                  |                           |  |  |  |  |  |  |  |              |                               |        |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |              |                      |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |                      |            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |               |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |             |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                 |                   |  |                              |  |                     |  |       |    |                                |           |                  |  |  |  |                                     |           |  |  |  |  |   |           |  |                 |      |      |  |           |  |  |  |  |                           |           |  |  |  |  |  |           |  |  |  |  |           |               |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |        |  |    |  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |           |                |  |                             |  |                      |  |             |  |            |  |            |  |        |   |               |   |  |   |                   |  |                         |  |                  |  |  |  |                        |  |   |  |   |  |  |  |                              |  |                        |  |             |  |

ID / Visit: /

DOS:

Sex:

DOB:

Age:

Phys:







POST-OPERATIVE PATIENT CALL RECORD

Patient: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_
Procedure: \_\_\_\_\_ Date of Service: #Error \_\_\_\_\_
Anesthesia: [ ] General [ ] Spinal/Epidural [ ] MAC [ ] Block [ ] Local [ ] Other: \_\_\_\_\_
Date: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] No Answer [ ] Patient Unavailable Initials: \_\_\_\_\_
Date: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] No Answer [ ] Patient Unavailable Initials: \_\_\_\_\_
Date: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] No Answer [ ] Patient Unavailable Initials: \_\_\_\_\_
Person Contacted: [ ] Patient [ ] Other (name and/or relationship) \_\_\_\_\_

DIET: [ ] Tolerating diet without problem Elimination: [ ] Voiding without difficulty
[ ] Tolerating fluids only [ ] Unable to void
[ ] Nausea and vomiting [ ] Other\*
[ ] Other\*

PAIN: [ ] No complaint of pain IV SITE: [ ] No problem reported
[ ] Pain Controlled with O.T.C. medication [ ] Other\*
[ ] Pain Controlled with prescription medication
[ ] Other\*

DRESSING / [ ] N.A.
CAST [ ] Dry and intact [ ] Unable to void
[ ] Dressing reinforced/changed since discharge
[ ] Other\*

AMBULATION: [ ] N.A.
[ ] Ambulating without difficulty
[ ] Difficulty due to pain/nausea
[ ] Problems using crutches/walker
[ ] Other\*

OTHER: [ ] Headache
COMPLAINTS [ ] Sore Throat
[ ] Temperature > 101 degrees (\_\_\_\_\_)
[ ] Muscular discomfort
[ ] Other\*

FOLLOW-UP: [ ] Not required by surgeon
APPOINTMENT [ ] Made by patient
[ ] Patient reminded to make appointment
[ ] Other\*

Additional Patient Comments / Complaints about experience at Novamed Surgery Center of Cleveland

\_\_\_\_\_
\_\_\_\_\_

Follow-up Necessary? [ ] Yes [ ] No If Yes, referred to: \_\_\_\_\_

Nurse \_\_\_\_\_ Date & Time \_\_\_\_\_

ID / Visit: /
DOS:
Sex:
DOB:
Age:
Phys: