

Direct Post-Op Assessment Form

Admit from Doctor's office to In-Patient:

1. Primary Diagnosis: _____
2. Admitting Diagnosis: _____
3. Surgeon _____ Phone _____
4. Allergies: _____ Height: _____ Weight _____
5. Patient's physical condition at surgeon's office prior to transfer: performed by _____
 Time Assessed _____ AM/PM Vital Signs:
 Temperature _____ HR _____ RR _____ BP _____ Oxymetry _____

ALDRETTE SCALE	SCORE MUST = 10 prior to transfer	RECEIVING SCORE
Consciousness 2=Awake/Alert x3 1=Arousable on verbal stimuli 0=Not responding		
Respiration 2=Able to deep breath and cough freely - normal rate / depth 1=Dyspnea or limited breathing/Mechanical airway 0=Apneic		
Circulation 2=B/P +/- 20% of Pre-Anesthetic level 1=B/P +/- 20-50% of Pre-Anesthetic level 0=B/P +/- 50% of Pre-Anesthetic level		
Oxymetry 2=95% - 100% 1=90% - 94% 0=89% and below		
Activity 2=Moves 3 or 4 extremities 1=Moves 2 extremities 0=No movement of extremities		

6. Anesthesia/sedation (Name/dose): _____

7. Patient must be awake and alert X 3 prior to transfer

8. **Prior to transferring the patient fax this form to 2N nurses station (805) 418-1388**

Physician Signature/R.N.

Date

Time

RN Signature Receiving Patient

Date

Time



Thousand Oaks Surgical Hospital

401 E. Rolling Oaks Drive • Thousand Oaks, CA 91361 • (805) 777-7750

Patient Label: _____

PE.16