



Post Anesthesia / Deep Sedation Evaluation Note

*A comment is required for any exceptions to the expected assessments.

If there are NO exceptions, indicate by checking the ☐ at the bottom of page.

Vital signs are within expected parameters and are recorded in the concurrent Nurses Notes.

*If not, enter values: Blood Pressure _____ / _____, Pulse _____, Temp _____

Resp Rate _____, O2Sat _____, Supp O2 _____

Respiratory function: Airway is patent and respiratory exchange is within expected parameters.

*If not, specify: _____

Cardiovascular function: Heart rate and blood pressure are within expected parameters.

*If not, specify: _____

Mental status: The patient has recovered from the acute effects of the anesthetic, can answer questions, and can follow simple commands or has returned to their pre-anesthesia status.

*If not, specify: _____

Pain Relief: Pain is within expected parameters and post anesthesia orders have been written.

*If not, specify: _____

Nausea and/or vomiting: There is no acute nausea and/or vomiting.

*If present, specify: _____

Postoperative hydration: The patient appears adequately hydrated.

*If not, specify: _____

☐ There are no exceptions to the above findings.

_____/_____/_____
Date

Time

Physician/CRNA Last Name Print

Pager

Physician/CRNA Signature