



JOHNS HOPKINS  
M E D I C I N E

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Department of Nursing  
PACU Downtime Nursing Progress Notes

Addressograph

## PACU Nursing Downtime Progress Notes

Page \_\_\_\_ of \_\_\_\_

Directions for Use:

1. Date, Time, Initial each note. Place initials and signature at bottom of page.
2. Use opposite side of page for Critical Action Value Notes, Change in Condition Notes, Fall Notes

**PACU Admission Note:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

- Admitted to: ☐ Weinberg PACU ☐ Carnegie PACU ☐ JHOC PACU ☐ Peds PACU ☐ Wilmer PACU ☐ Other \_\_\_\_\_
- Admitted from: ☐ Weinberg OR ☐ GOR ☐ JHOC OR ☐ Wilmer OR ☐ Other: \_\_\_\_\_
- Report received? ☐ Yes ☐ No  
If yes, who gave report? \_\_\_\_\_
- Reason for admission: \_\_\_\_\_
- Transportation method: ☐ Stretcher ☐ Bed ☐ Wheelchair ☐ Ambulatory ☐ Other: \_\_\_\_\_
- Accompanying personnel: ☐ Anesthesia ☐ Surgical team member ☐ OR Nurse ☐ Primary provider ☐ Other: \_\_\_\_\_
- Oxygen source on arrival: ☐ Face mask ☐ Trach collar ☐ 100% NRB ☐ Ambu bag ☐ Other \_\_\_\_\_ ☐ No supplemental O2 in place
- Transport monitoring in place? ☐ Yes ☐ N/A

**PACU Transfer/Transport Note:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

- Destination: \_\_\_\_\_
- Transport level: ☐ level 1 ☐ level 2 ☐ level 3 ☐ level 4
- Report given? ☐ Yes ☐ No Method: ☐ Verbal ☐ Other: \_\_\_\_\_
- Mode of transport: ☐ Stretcher ☐ Bed ☐ Wheelchair ☐ Other \_\_\_\_\_
- Accompanying personnel: \_\_\_\_\_
- O2 source: ☐ Nasal cannula ☐ Face mask ☐ Trach collar ☐ NRB mask  
☐ Ambu bag ☐ Portable ventilator ☐ No supplemental O2 in place
- O2 PSI: \_\_\_\_\_
- Transport equipment: ☐ Cardiac monitor in place ☐ No cardiac monitor required ☐ Other equipment: \_\_\_\_\_
- Pre-transport/transfer assessment:  
☐ Transported with appropriate equipment ☐ ETT secure
- Return to unit assessment: ☐ Tolerated well ☐ Condition unchanged  
☐ ETT secure ☐ Unable to complete test/procedure due to pt condition  
☐ Required intervention during transport/procedure (see note)
- Personal belongings transferred with patient (list): \_\_\_\_\_  
☐ See SDPU/PACU belongings form

**PACU Assessment of Learning:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

- Readiness to learn:  
Person being taught: ☐ Patient ☐ Responsible Adult
- Education provided:  
☐ Orient to Unit ☐ Safety Measures ☐ Review plan of care  
☐ Pain Management ☐ Other: \_\_\_\_\_
- Objectives: \_\_\_\_\_
- Communication Method used:  
☐ Verbal ☐ Verbal with assistive device ☐ Non-Verbal
- Evaluation:  
☐ Indicates understanding ☐ Returns demonstration  
☐ Reinforcement needed
- Follow up provided:  
☐ Practice ☐ Reinforcement ☐ Reinstruction ☐ Completed

**PACU Discharge Note:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Discharge location: ☐ Home ☐ Assisted living ☐ Other: \_\_\_\_\_
- Vascular Access Device removed if appropriate: ☐ yes ☐ N/A
- Discharge prescriptions: ☐ Given to pt/caregiver/family ☐ Faxed to pharmacy  
☐ Electronic prescriptions ☐ Narcotic prescriptions: \_\_\_\_\_
- Micromedex handouts given:  
☐ For all discharge meds  
☐ For all discharge meds except: \_\_\_\_\_
- Disposition of belongings: \_\_\_\_\_
- Disposition of home meds: ☐ Returned to pt/family ☐ No medications
- Pain on discharge: ☐ Pain goal was reviewed ☐ Pt is satisfied with pain level at discharge ☐ Pain was not an issue during hospitalization
- Escorted by: ☐ Unit personnel ☐ Family ☐ Parent/guardian  
☐ Escort ☐ Other: \_\_\_\_\_
- Discharge Mode: ☐ Stretcher ☐ Bed ☐ Wheelchair ☐ Other \_\_\_\_\_
- NOTE: Also complete Transfer to Another Facility when appropriate

See opposite side of page for:

- ☐ Fall Note
- ☐ Critical Action Value Note
- ☐ Change in Condition Note

Printed Name/Title	Initials	Printed Name/Title	Initials	Printed Name/Title	Initials

## Addressograph

Directions for use:

1. Mark the type of note for each entry by placing a check mark in the appropriate note type.
2. See the bottom of this form for minimum data elements for Critical Action Value, Change in Condition, and Fall nursing notes.
3. Date, time and sign each entry.

Page \_\_\_\_ of \_\_\_\_ Date: \_\_\_\_

Time	Critical Action Value (CAV) note	Event Marker	Change in Condition Note	Other	Notes	Initials			
Printed Name, Title					Initials	Printed Name, Title	Initials	Printed Name, Title	Initials

### Change in Condition Note

- Date/Time of Prescriber notification
- Change in condition
- Plan implemented

### Critical Action Value

- Abnormal value
- Date/Time nurse notified
- Which Prescriber notified
- Date/Time Prescriber notified and method
- Read back and verified result

### Fall Note

- Immediately post-fall
  - Brief description of fall
  - Activity/Setting prior to fall
  - Witnessed event
  - Most recent fall risk level
  - Change in vital signs, neuro/motor status
  - Patient complaints (pain, decreased ROM/mobility)
  - Evidence of injury
  - Immediate first aid/treatment required
  - Prescriber notified and when
  - Interventions performed/test ordered
  - Monitoring and prevention plans
- Follow up note (8-24 hours post-fall)
  - Most recent fall risk level
  - Physiologic and mental status (returned to baseline, remains compromised)
  - Patient complaints (pain, decreased ROM/mobility)