



POST-PROCEDURE NOTES

PLEASE NOTE: IT IS A REQUIREMENT THAT ALL AREAS ON THIS FORM ARE COMPLETED

Procedure performed:		
Pre-procedure diagnosis:		
Post-procedure diagnosis: <input type="checkbox"/> Same as pre-procedure diagnosis		
Procedure Findings: <input type="checkbox"/> N/A		
Procedure Complication(s): <input type="checkbox"/> None		
Surgeon / Operator:		
Assistant: <input type="checkbox"/> None		
Anesthesia:	<input type="checkbox"/> General	<input type="checkbox"/> Regional
	<input type="checkbox"/> Local	<input type="checkbox"/> MAC
		<input type="checkbox"/> Moderate Sedation
		<input type="checkbox"/> _____
Estimated Blood Loss: _____ <input type="checkbox"/> None		
Packing/Drains: <input type="checkbox"/> N/A		
Specimens: <input type="checkbox"/> N/A		
Condition: <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Critical		
Transferred to: <input type="checkbox"/> SDS <input type="checkbox"/> CCU <input type="checkbox"/> PARU <input type="checkbox"/> Nursing Unit <input type="checkbox"/> Nursing Holding Room		
Signature: _____ Date: _____ Time: _____		

Please file in Progress Note section