



Vanderbilt University Medical Center
 THE VANDERBILT CLINIC / VANDERBILT HOSPITAL
 Department of Anesthesiology
PACU Handoff Report
NOT AN OFFICIAL MEDICAL RECORD

MR Number: _____
Patient Name: _____
Acct #: _____
DOB: _____ **Age:** _____
WT: _____ **ASA:** _____ **OR:** _____

DOS: _____
ID Band Location: _____ **PACU Time In:** _____ **Time Out:** _____

Allergies: _____
Anesthesia Attending: _____ **Anesthesia Provider:** _____

S **Type of Anesthesia:** _____
Surgical Procedure: _____
Presenting Diagnosis: _____

Attending Surgeon: _____ **Surgical Resident:** _____ **First Assist:** _____

Surgical Information And Issues: _____

PreopVital Signs: BP: _____ **HR:** _____ **RR:** _____ **SPO2:** _____ **Temp:** _____

Problem List/Medical History

Airway Management

Anes. Agents: _____ **Paralyzed: YES NO** _____ **Reversed: YES NO** _____

B **Intraop Vital Signs** **Inv. BP:** _____ **NonInv BP:** _____ **HR:** _____
 (*ranges*) **SPO2:** _____ % **Temp:** _____ °C **on FiO2:** _____ **PACU Temp:** _____

Medications Administered (Total Dose, Units, Route, Time of Last Dose) Note: ABX before drug name indicates antibiotic

Fluids- Inputs

Fluids-Outputs

Intraop Labs

Last PCV: _____ % **Other Labs:** _____ **Glucose/Insulin:** _____

A **Events/Complications:** _____
Issues/Special Precautions(isolation/spine/radiation/etc): _____

R **Plans:** _____
