

Patient ID Label

مستشفى مارينا الاهلي

نموذج تقييم حالة المريض للتخدير في الأشعة . تنظير الجهاز الهضمي والرئة .

Pre anesthesia Assessments of the patient (ASA) score system:

History: DM HTN BA Heart Disease

1. Drug allergy NO YES

2. Previous Anesthesia NO YES

Vital signs: BP PULSE RESPIRATORY RATE TEMP.....

Chest Exam:

Heart Exam:

TYPE OF ANESTHESIA PLAN:

General

Others

Recommendation: Fit

Not fit

Doctor signature:

Date: / / Time:

Post anesthesia Assessments of the patient (Recovery phase):

*Vital signs every 15 minute

Time	Blood pressure	Pulse	Respiration rate	Temperature

* Patient discharged

Any complication

* Patient condition at discharge:..... Recommendation

Time of discharge:

.....

Anesthesiologist signature: