U.S. DOD Form dod-navmed-6320-16

RECOVERY ROOM RECORD
NAVMED 6320/16 (REV. 11-77) S/N 0105-LF-206-3281

OPERATION PERFORMED

AGENTS AND TECHNICS OF ANESTHESIA

HOURS(S) 15 30 45 15 30 45 15 30 45

TEMPS:
●PULSE
CVP:
╳B.P.

220 200 180 160 140 120 100 80 60 40 20

RESP. RATE →

NUMBERS FOR REMARKS

OXYGEN THERAPY

ROUTE	L/M	%	ON	OFF
MASK				
T-BAR				
VENTILAT.				

FLUID THERAPY

TYPE	5%	BLOOD	SALINE	OTHER
OPERATING ROOM				
RECOVERY ROOM				
TOTAL				

BLOOD LOSS IN OR: _____CC

WARD PRE-OP B / mmHg

TUBES: ☐ N/G ☐ FOLEY

IV IN _____ c̄ _____ cc
OF _____ AT _____ cc/hr

IV IN _____ c̄ _____ cc
OF _____ AT _____ cc/hr

ART. LINE IN _____

T-TUBES, HEMOVAC IN _____

ADMISSION

FROM MOR/SPEC. STUDY

DATE _____ HRS _____

DISCHARGE

TO WARD _____

DATE _____ HRS _____

DRESSINGS: LOCATIONS

STATUS:

STATUS

ENDOTRACHEAL TUBE - ORAL OR NASAL

☐ YES ☐ NO

☐ YES ☐ NO

AIRWAY

☐ CLEAR ☐ PLAST AIRWAY
☐ OBSTRUCTS EASILY

STATUS:

URINARY OUTPUT

TIME							
CC							
TOTAL							
SP, GR							
S/A							

REMARKS *(AS NUMBERED)* AND PERTINENT PATIENT PROGRESS NOTES

(COND'T ON REVERSE)

NAUSEA AND VOMITING: ☐ NO ☐ YES → 1 2 3 4 5 6 TIMES

CAUDAL, SPINAL, OR EPIDURAL BLOCK
MOVEMENT PRESENT AT _____ HRS
SENSATION PRESENT AT _____ HRS

CONDITION ON TWO: ☐ GOOD ☐ FAIR ☐ POOR ☐ CRITICAL

POST-ANESTHESIA RECOVERY SCORE (ALDRETE SCORE)			A	D
Able to move 4 extremities voluntarily or on command	2			
Able to move 2 extremities voluntarily or on command	1	Activity		
Able to move 0 extremities voluntarily or on command	0			
Able to deep breathe and cough freely	2			
Dyspnea or limited breathing	1	Respiration		
Apneic	0			
BP±20% of prenesthetic level	2			
BP±20-50% of preanesthetic level	1	Circulation		
BP±50% of preanesthetic level	0			
Fully awake	2			
Arousable on calling	1	Consciousness		
Not responding	0			
Pink	2			
Pale, dusky, blotchy, jaundiced, other	1	Color		
Cyanotic	0			
		TOTALS		

RECOVERY:

☐ COMPLICATED

☐ UNEVENTFUL

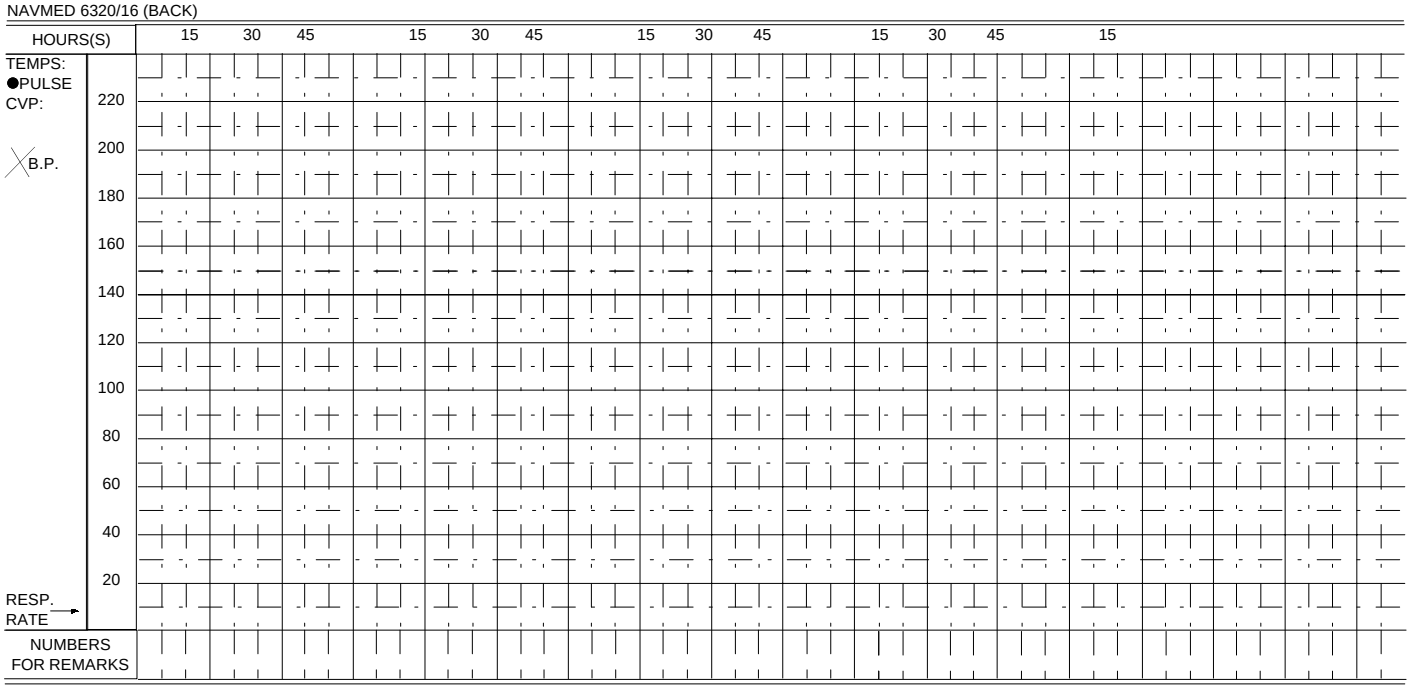
PATIENT'S IDENTIFICATION

SIGNATURE OF RECEIVING AND RELEASING OFFICERS

AOW

TOW

NAVMED 6320/16 (BACK)



MEDICATIONS

TIME	DRUG	DOSE	ROUTE	NURSE

REMARKS *(AS NUMBERED)* AND PERTINENT PATIENT PROGRESS NOTES (CON'T FROM FRONT)