



### Preoperative Interval Note

A History and Physical exam was performed on \_\_\_\_\_. It has been reviewed by me. The patient has been examined today. Changes to the patient's status are detailed below, if there are any.

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**ASA Score:** \_\_\_\_\_  
(For Moderate Sedation)

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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### IMMEDIATE POST-OP NOTE (Complete all unless marked optional)

☐ Immediate post op note dictated via Dragon (immediately available in EHR) including all required components.

**Pre-Op Diagnosis:** \_\_\_\_\_

**Post-op Diagnosis/Findings:** \_\_\_\_\_

**Procedure Performed:** \_\_\_\_\_

**Surgeon:** \_\_\_\_\_

**Assistant:** ☐ No ☐ Yes, Name: \_\_\_\_\_

**Anesthesia performed (check all that applies):**

☐ General ☐ Spinal ☐ Epidural ☐ MAC +/- ☐ Sedation ☐ Peripheral Nerve Block  
☐ Local ☐ Retrobulbar Block

**Complications:** ☐ No ☐ Yes; please detail: \_\_\_\_\_

**Blood Loss in mL (estimated):** \_\_\_\_\_

**Blood products transfused:** ☐ No ☐ Yes; please list: \_\_\_\_\_

**Specimen:** ☐ No ☐ Yes; please list: \_\_\_\_\_

If specimen was removed, was it sent to pathology? ☐ No ☐ Yes

☐ Grafts ☐ Implants ☐ Devices ☐ Casts ☐ Catheter  
(See peri-operative nursing note for product information/details)

**Drains:** ☐ No ☐ Yes, (Type/Location optional): \_\_\_\_\_

**Post op Plan/Other (Optional):** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

### **Immediate Post-Operative Note**

#### **Island Hospital**

Document Owner: Lowry, Rhonda Registered Nurse Surgical Services  
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*Patient ID Sticker*