Mater
Exceptional People. Exceptional Care.

Post Operative Recovery Room Handover

Unit Record Number:
Surname:
Given Names:
DOB: Sex:

Affix PT Identification Label Here

DATE | TIME

CRITERIA OF PATIENT STATUS ON DISCHARGE FROM RECOVERY

PACU discharge assessment score of ≥8, temperature ≥35.5 C, pain score ≤5/10

KEY: Indicate Yes with ✓ Indicate No with —

	Recovery Nurse to provide information below in handover	Yes/No	*Transfer Nurse* to complete when receiving handover and accepting patient from recovery
SITUATION	Procedure		Type:
	Anaesthetic Type		☐ LA ☐ GA ☐ SA ☐ SEDATION
	Premedication		
	Intra-Operative Medications		Antibiotic
			Analgesia
			Anti-emetic
			Other
HISTORY	Medical (relevant)		
	Surgical (relevant)		
	Psychosocial (relevant)		
	Regular Medications		
	Complications / Incidents		
ASSESSMENT	Vital Signs stable		BP P R T SpO2
	Comfort maintained/stable		Pain Score _____/10
	IV access		☐ Cannula patent ☐ Fluids maintained (if applicable)
	Indwelling Catheter insitu		☐ Free Drainage ☐ Hourly measures
	Drains insitu		☐ Unclamped ☐ Vacuum
	Dressing dry and intact		☐ Dressing Reinforced
	Ooze visible		☐ small ☐ moderate ☐ large
	Wound closure		☐ Suture ☐ Staple
	Blood loss		Estimate in OT_____ mls Estimate in Recovery_____ mls
RISK	Allergies		
	Infection control Alerts		
	Skin Integrity		
	VTE Prophylaxis		☐ drug therapy ☐ TEDs ☐ SCDs
EXPECTATION -PLAN OF CARE	Post Op Orders Analgesia		☐ Spinal / Epidural ☐ PCA
			☐ Other ☐ PRN ☐ Regular
	IVT		☐ Additives
	Antibiotics		
	Anti-emetics		
	VTE drug prophylaxis		☐ Clexane ☐ Heparin
	O2		_____lpm via ☐ nasal prongs ☐ mask
	Other Medications		
	Additional information:		

PLEASE COMPLETE SIGNATURE LOG ON FRONT OF CAREPATH

Recovery Nurse providing handover:	☐ Primary Nurse ☐ Meal Relief ☐ Other_____	Initial
Transfer Nurse receiving handover	☐ Primary Nurse ☐ Meal Relief ☐ Team leader ☐ Other_____	Initial
Ward Midwife receiving handover	☐ Primary Nurse ☐ Meal Relief ☐ Team leader ☐ Other_____	Initial

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