### SURGERY IMMEDIATE POST OP NOTE

**ADDITIONAL DETAIL**

**HT:** ___________ cm  
**WT:** ___________ kg  
Allergies: ________________________________

---

<table>
<thead>
<tr>
<th>DATE &amp; TIME</th>
<th>PHYSICIAN’S ORDERS AND DIET</th>
<th>DATE &amp; TIME</th>
<th>PROGRESS RECORD</th>
</tr>
</thead>
</table>

Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.

**Immediate Post Procedure Note**

*Required Items*

*Surgeon:*

*Assistants – None unless otherwise documented:*

*Pre-Op Diagnosis:*

*Post-Op Diagnosis:*

*Procedure/Description:*

Anesthesia:  
*Findings:*

*Specimens Removed – None unless otherwise documented:*

Other: ________________________________

*EBL (Estimated Blood Loss) – None unless otherwise documented:*

<10cc  
Other: ________________________________

Drains/Tubes:  
Fluid Replacement:  
Transfusion:  
Disposition/Complications:  

Physician’s Signature _____________________  
MD # _________________________________  
Date:_______________ Time: ______________  

---

**Immediate Post Procedure Note**

*Required Items*

*Surgeon:*

*Assistants – None unless otherwise documented:*

*Pre-Op Diagnosis:*

*Post-Op Diagnosis:*

*Procedure/Description:*

Anesthesia:  
*Findings:*

*Specimens Removed – None unless otherwise documented:*

Other: ________________________________

*EBL (Estimated Blood Loss) – None unless otherwise documented:*

<10cc  
Other: ________________________________

Drains/Tubes:  
Fluid Replacement:  
Transfusion:  
Disposition/Complications:  

Physician’s Signature _____________________  
MD # _________________________________  
Date:_______________ Time: ______________  

---

**Immediate Post Procedure Note**

*Required Items*

*Surgeon:*

*Assistants – None unless otherwise documented:*

*Pre-Op Diagnosis:*

*Post-Op Diagnosis:*

*Procedure/Description:*

Anesthesia:  
*Findings:*

*Specimens Removed – None unless otherwise documented:*

Other: ________________________________

*EBL (Estimated Blood Loss) – None unless otherwise documented:*

<10cc  
Other: ________________________________

Drains/Tubes:  
Fluid Replacement:  
Transfusion:  
Disposition/Complications:  

Physician’s Signature _____________________  
MD # _________________________________  
Date:_______________ Time: ______________