



SGNA Minimum Data Set

Pre-Procedure

Date

Time of arrival

AM/PM

History obtained from:

- Patient
 Spouse
 Parent
 Child
 Sibling
 Friend
 Significant other
 Other

Arrival mode

- Ambulatory
 Wheelchair
 Stretcher

Transportation

- Private
 Public

Arrived with:

- Alone
 Spouse
 Parent
 Child
 Sibling
 Friend
 Significant other

Discharge arrangements

- Driver
 In Lobby
 Need to call

Signed generic post-op instructions

- Yes No

Date:

Time:

Reason for Procedure

(use ICD9 codes if automated)

- Abdominal pain
 Colorectal Cancer Screening
 Constipation
 Bleeding
 Dysphasia
 GERD/heartburn
 IBS
 Pain
 Other

Scheduled procedure

(pick multiple choices)

(link this to post procedure to link with actual procedure performed)

- EGD
 Scheduled
 Repeated
 Unscheduled
 Endoscopic Ultrasound (EUS)
 Fine Needle Aspiration (FNA)
 Scheduled
 Repeated
 Flexible Sigmoidoscopy
 Scheduled
 Repeated
 Unscheduled
 Colonoscopy
 Scheduled
 Repeated
 Unscheduled
 ERCP
 Scheduled
 Repeated
 Unscheduled
 Dilatation
 Scheduled
 Repeated
 Emergency

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- Manometry & Motility
 - Biliary
 - Esophageal
 - Rectal
 - Scheduled
 - Repeated
- 24-hour pH
 - Scheduled
 - Repeated
- Capsule Endoscopy
 - Scheduled
 - Repeated

Pre-op contact

Date:

Time:

Person contacted

Relationship

Person who initiated contact

No

Reason

Procedure and patient verified

Yes No

Reason:

- Patient
- Physician
- Family/significant other

Patient issued:

- ID band
- Allergy ID band
- Mastectomy band
 - Not indicated
- Shunt band
 - Not indicated

Pre-op teaching

Date:

Time:

Method

- Verbal
- Written
- Video
- Reason for procedure
- Verbalizes understanding

Individuals present for teaching

- Patient
- Spouse
- Parent
- Child

- Sibling
- Friend
- Significant other

Verbalized understanding of teaching content:

- Patient
- Spouse
- Parent
- Child
- Sibling
- Friend
- Significant other

Potential barriers to learning

- Anxiety level
- Cognitive ability
- Hearing
- Language
- Sight

Primary language

- English
- Spanish

Other

Translator utilized

People present for teaching (write in names)

Review of medical history

Previous sedation analgesia problems

- Fainted
- Hyperexcitability
- Hypotension
- Persistent nausea
- Persistent vomiting
- Prolonged sedation
- Tachycardia
- Unstable blood pressure
- None

Patient allergies

- Latex
- Meds

- Food
- Dye (radiology)
- Other

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Previous medical procedures

- Mastectomy
- Right
- Left
- Shunt
- Right
- Left
- Heart
- Automatic internal cardiac defibrillator
- Hypertension
- Pacemaker
- Valve replacement
- Other
- Lung
- Asthma
- Chronic obstructive pulmonary disease
- Ostomy
- Liver/GI
- Yes (Comments: free text field)
- Kidney/ GU
- Yes (Comments: free text field)
- Airway (Mallampati classification per MD)
- 1-4
- Mouth opens adequately
- Airway patent
- Neuro/seizures
- Sleep apnea

Orthopedic*(flag intraprocedure grounding pad/pad placement)*

- Appliance
- Neck
- Back
- Upper extremity
- Left
- Right
- Lower extremity
- Left
- Right

Significant family history

- Colorectal cancer
- Gardner syndrome
- Peutz-Jaegers Disease

Medications

- Anticoagulants
- Aspirin
- Coumadin
- Plavix
- Heparin
- Date last taken
- Time last taken
- Herbals
- Date last taken
- Time last taken
- MAO inhibitors

- Date last taken
- Time last taken
- Nonsteroidal anti-inflammatories
- Date last taken
- Time last taken

Exposure to:

- HIV
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Sexually Transmitted Disease
- TB
- Other (free text)

Endocrine

- Insulin dependent/non-insulin dependent
- Last blood glucose
-
- Date
- Time

Substance use

- Alcohol
- Amount
- None
- Caffeine
- Amount
- None
- Drugs
- Yes
- History of
- None
- Tobacco
- Amount
- Years
- None

History of:

- Glaucoma
- Previous endoscopic procedures (list)
- Previous surgeries (list)

Condition upon arrival

- American Society of Anesthetists (ASA) Scoring (per physician)
- 1
- 2
- 3
- 4
- 5

Aldrete scoring per facility choice

- Activity
- Able to move 4 extremities (2)
- Able to move 2 extremities (1)
- Able to move 0 extremities (0)
- Respiration
- Deeply breaths, coughs freely (2)

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- Dyspnea or limited breathing (1)
- Apneic (0)
- Circulation
 - Systolic BP \pm 20 mmHg pre-procedure level (2)
 - Systolic BP \pm 20 mmHg to 50 mmHg pre-procedure level (1)
 - Systolic BP \pm 50 mmHg or more of pre-procedure level (0)
- Consciousness
 - Fully awake (2)
 - Arises on calling (1)
 - Unresponsive (0)
- Color
 - Pink (2)
 - Pale, dusky, blotchy, jaundiced (1)
 - Cyanotic (0)
- Arrived in unit with oxygen at _____liters
 - How administered
 - Cannula
 - Mask
 - Tracheostomy
 - ET tube

Pain

- No
- Yes
 - Location
 - Duration
 - 0-10
 - What 0-10 would be acceptable for patient?
 - Frequency
 - Symptoms relieved by
 - Symptoms worsened by
 - Description

Vital sign base line readings

- Blood pressure
- Pulse
- Respiratory rate
- O₂ SAT
- Capnography (CO₂)
- Temperature

Sedation plan

- Moderate
- Deep
- General
- Local
- Topical

General Assessment**Skin temperature**

- Warm
- Cool

Skin status

- Dry
- Moist
- Intact
 - Yes
 - No
- Body piercing
(free text to note location)
- Other

Follows command

- Yes
- No

Psychological state

- Agitated
- Anxious
- Cooperative
- Oriented
- Restless
- Tranquil

Weight

- Stated
- Actual

Height

- Stated
- Actual

Pregnant

- No
- Yes
 - Physician notified
- Date of last menstrual period

Respiratory Assessment

- Clear
- Congested

Abdominal assessment

- Distended
- Firm
- Flat
- Nontender
- Round
- Soft
- Tender

Intravenous (IV) access

- Extremity restriction
 - Left
 - Right
- New insertion
- Time
- Name of person inserting/credentials
- Type of IV
(need option for more than 1 IV)
 - Size
 - Number of attempts
 - Patency
 - Peripheral
 - Angiocath

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- Butterfly
 Other
 Central
 Triple lumen
 Port
 Site
 L Hand
 R Hand
 L posterior forearm
 R posterior forearm
 L anterior forearm
 R anterior of forearm
 L antecubital space
 R antecubital space
 Other
 Solution
 D5/W
 Normal saline
 Lactated ringers
 D5 1/2 NS
 D5 1/4 NS
 Packed red blood cells
 Platelets
 Fresh frozen plasma (FFP)
 Amount remaining
 Rate ordered
 Other
 Arrived with IV access in place
 Type of IV (need option for more than 1 IV)
 Size
 Number of attempts
 Patency
 Peripheral
 Angiocath
 Butterfly
 Other
 Central
 Triple lumen
 Port
 Site
 L Hand
 R Hand
 L posterior forearm
 R posterior forearm
 L anterior forearm
 R anterior of forearm
 L antecubital space
 R antecubital space
 Other
 Solution
 D5/W
 Normal saline
 Lactated ringers
 D5 1/2 NS
 D5 1/4 NS
 Packed red blood cells
 Platelets
 Fresh frozen plasma (FFP)
 Amount remaining
- Rate ordered
 Other
Oral Assessment
 Dentures
 Yes
 Removed
 Upper
 Lower
 Loose teeth
 Yes
 Location
 Tongue pierced
Risk/screen
 Abuse
 Physical
 Emotional
 Mental
 Verbal
 Sexual
 Fall risk
 Nutrition
 Psychosocial
Preparation for procedure
 NPO
 Last solid food
 Date
 Time
 Last liquids ingested
 Date
 Time
 Bowel prep
 Type
 PEG solution
 Biscodyl tablets
 Biscodyl suppositories
 Fleets enema
 Fleets oral
 Citrate of Magnesia
 Tap water enemas
 Soap suds enemas
 Visical
 Other
 Taken as instructed
 Yes
 No
 Reason
 Description of last stool
 Consistency
 Liquid
 Semi-solid
 Solid
 Color
 Clear
 Yellow
 Brown
 Other

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Review of lab results

- None ordered
- Within normal limits
- Physician notified of abnormality
- Not available

Advance directives

- Living will
 - Yes
 - No
- Additional information provided for patient
- Patient does not wish more information
- Durable power of attorney for medical affairs

Belongings removed

- Dentures
- Glasses
- Hearing aids
- Other

Disposition

- With patient
- With significant other
- Other
- Who completed assessment

(track staff with number system—unique identifier per facility policy)

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Intra-Procedure

Procedure and Patient re-verified

- Yes
- Patient
 - Physician
 - Family/significant other

Verify allergies with patient

- yes

Verify sedation planned

- yes

Verify consent forms signed

- Procedure
- Sedation
- Observation (people in the room)
- Permission to discuss findings with
- Procedure Room number
- Time entered room

Personnel

- Nurse (*drop down menu, free text*)
- GI Tech (*drop down menu, free text*)
- Radiology Tech
(drop down menu, free text)
- Attending physician
(drop down menu, free text)
- Fellow (*drop down menu, free text*)
- Pathologist (*drop down menu, free text*)
- Resident (*free text*)
- Student (*free text*)
- Observer (*free text*)

Procedural information

Scopes

- Scope utilized (drop down box with all available scopes)
- Not applicable
 - Scope ID number
- Time scope inserted in patient
- Time endoscopist reached cecum (*only for colonoscopy*)
- Time scope removed from patient

Events/Occurrences

- None
- Abdominal pressure applied
(link to colonoscopy/flex sigmoidoscopy procedures)
- Allergic reaction
- Anatomical variances
- Compromised airway
- Required airway support
 - ET tube
 - Jaw lift
 - Oral airway
 - Nasal trumpet
 - AMBU bag
- Dental injury
- Equipment malfunctioning
- Equipment not available
- Failed sedation
- Anesthesia called
 - Procedure terminated
- Incomplete bowel prep
- Incomplete procedure
- Nausea
- O₂ at 10% < baseline for 2 minutes or more and/or 85%
- Required cardiopulmonary resuscitation (airway and circulation)
- Required cardiovascular medication administration
(list of meds comes up when drug given)
- Required reversal agent administration (comes up when drug given)
- Suspected aspiration
- Suspected perforation
- Unanticipated bleeding
- Uncooperative patient
- Vomiting

Vital signs

- Blood pressure
- Heart rate
- Heart rhythm
- Respiratory rate
- O₂ saturation
- Capnography (CO₂)

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- Oxygen at _____liters
- Time initiated
- Time discontinued
- How administered
- Cannula
- Mask
- Tracheostomy
- ET tube

In some situations, ICU nurse will be asked to stay to monitor patients in this condition; provision for linking to ICU documentation forms would be helpful.

Specimens

(need option for multiple site selections with number of specimens and cm level 0-60)

Organ

- Esophagus
- Mid _____cm
- Proximal _____cm
- Distal _____cm
- Random

or

- _____ specimens at _____cm

- Stomach
- Esophagogastric junction
- Cardia
- Body
- Fundus
- Antrum
- Pylorus
- Random
- H Pylori*
- Duodenum
- Duodenal bulb
- Jejunum
- Biliary tract
- Ampulla
- Common bile duct
- Common hepatic duct
- Pancreatic duct
- Colon
- Ileocecal valve
- Ascending
- Splenic flexure
- Transverse
- Hepatic flexure
- Sigmoid
- Rectum
- Anus

Number of specimens from each site
(minimum 0, maximum 60)

- Location (text)

Sent to laboratory for:

- Cytology
- Pathology

- Microbiology
- Specimens labeled and documented
(Labels to be generated by above information)

Media

Documentation video of

- #
- Disposition
- To patient
- To archives
- To chart

Documentation photo of

- #
- Disposition
- To patient
- To archives
- To chart

Therapeutic devices

- Argon plasma coagulator
- Serial #/ Unit ID
- Manufacturer
- Site *(pull from specimen list)*
- Gas Flow (check?)
- Watts
- Seconds
- Pulses #
- Watt seconds (multiplication of watts x seconds)
- Balloons
- Manufacturer
- Serial #
- Size(s)
- French
- Length
- PSI (Pounds per square inch)
- Time (minutes, seconds)
- Bicap hemostasis/heater probe
- Manufacturer
- Serial #
- Probe size
- Coagulation power (0-10)
- Watts
- Biopsy forceps
- Hot
- upper
- lower
- Cold
- upper
- lower
- Both
- Manufacturer
- Identification code
- Number used
- Type
(drop down menu per institution)

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- Capsule
- Signal verified
 - Lot #
 - Time ingested
- Cautery
- Manufacturer
 - Serial # / Unit ID
 - Settings
 - Watts
 - Monopolar
 - Cut (0-10 or range)
 - Coag (0-10 or range)
 - Blend (0-10 or range)
 - Bipolar
 - Cut (0-10 or range)
 - Coag (0-10 or range)
 - Blend (0-10 or range)
- Grounding Pad
- Placement
 - Thigh
 - L
 - R
 - Other
 - Skin preparation
 - Yes
 - No
 - Not applicable
 - Skin condition at pad removal
 - Same as preprocedure
 - Erythematous
 - Abrasion
 - Other
- Cytology brush
- Manufacturer
 - Identification code
 - Number used
 - Type (*drop down per institution*)
- Drain/stent
- Type
 - Biliary
 - Colonic
 - Esophageal
 - Nasal Biliary
 - Pancreatic
 - Rectal
 - Manufacturer
 - Serial #
 - French (*customize - pull from inventory*)
_____cm
 - Length
- Dilatation
- Balloons
 - Manufacturer
 - Serial #
 - Size(s)
 - French
 - Length
 - PSI (Pounds per square inch)
 - Time (minutes, seconds)
- Bougie
- Maloney
 - French
(*multiple choice per institution, free text*)
 - Hurst
 - French
(*multiple choice per institution, free text*)
- Savary
- Millimeters
- EMR Kit
- Manufacturer
 - Serial # / Unit ID
 - Site
- Endocut
- Type of probe
 - Filter change
 - Medications
 - Epinephrine
 - Normal saline
- ERCP
- Basket
 - Serial #
 - French
 - Cannulas
 - Serial #
 - French
 - Dilation catheter
 - Serial #
 - French
 - Papillatome
 - Serial #
 - French
 - Stone retrieval
 - Balloon
 - Serial #
 - French
- Foreign body retrieval
- Basket
 - Biopsy forceps
 - Magnet
 - Net
 - Rat tooth
 - Snare
 - Tripod
 - Other (*free text*)
- Fine needle aspiration needle
- Manufacturer
 - Serial # / Unit ID
 - Size
- Guide wires
- Manufacturer
 - Serial #

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- Size(s)
 Number
 Type
- Injection therapy
 - Site (from specimen list)
 - Needle serial #
 - Size
 - Medications/solutions
 - Epinephrine
 - Ethanolamine
 - India ink
 - Normal saline
 - Sodium morruate
 - Sodium tetradecyl
 - Dilution
 - Total amount
 - Increments
 - Number of injections
- Laser
 - Serial # / Unit ID
 - Manufacturer
 - Site
 - Gas Flow (check)
 - Joules
 - Seconds
 - Pulses (#)
 - Joules Seconds (multiplication of watts times seconds)
- Motility/manometry catheter
 - Type
 - Water perfused
 - Solid state
 - Placement
 - Esophageal
 - Location
 - R Nares
 - L Nares
 - Oral
 - _____ cm
 - Rectal
 - _____ cm
 - Biliary
 - Pancreatic
- Percutaneous endoscopic gastrostomy/jejunostomy
 - Manufacturer
 - Serial #
 - French (range)
- pH Probe
 - Manufacturer
 - Serial #
 - Unit ID
 - Placement
 - Location
 - R Nares
 - L Nares
- Oral
 - _____ cm
- On medications
 - Yes
 - No
- Time probe inserted
 Date probe inserted
 Time probe removed
 Date probe removed
- Snares
 - Manufacturer
 - Serial #
 - Size(s)
 - Number
 - Type
- Spray catheter
 - Acetylcysteline
 - Lugols solution
 - Methylene Blue
- Variceal ligation
 - Banding
 - number of bands
 - site
- Standard equipment in room (*optional to list*)
- Sedation monitoring**
- Aldrete scoring
 - Activity
 - Able to move 4 extremities (2)
 - Able to move 2 extremities (1)
 - Able to move 0 extremities (0)
 - Respiration
 - Deeply breaths, coughs freely (2)
 - Dyspnea or limited breathing (1)
 - Apneic (0)
 - Circulation
 - Systolic BP \pm 20 mmHg pre-procedure level (2)
 - Systolic BP \pm 20 mmHg to 50 mmHg pre-procedure level (1)
 - Systolic BP \pm 50 mmHg or more of pre-procedure level (0)
 - Consciousness
 - Fully awake (2)
 - Arises on calling (1)
 - Unresponsive (0)
 - Color
 - Pink (2)
 - Pale, dusky, blotchy, jaundiced (1)
 - Cyanotic (0)
- Patient position(s)**
 - Decubitus
 - Fowlers

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- Lateral
 - Left
 - Right
- Prone
- Semi-Fowlers
- Supine
- Trendelenburg

Oral suction

- Yes
- No

Transportation to recovery room

- Ambulatory
- Wheel chair
- Via stretcher with side rails up

Intravenous fluids*(have system do the math to give total at end) (match pre-procedure list)*

- Solution
 - D5/W
 - Normal saline
 - Lactated ringers
 - D5 1/2 NS
 - D5 1/4 NS
 - Packed red blood cells
 - Fresh frozen plasma
 - Platelets
 - Total amount infused
 - Site
 - Other
- Discontinued time
 - Catheter tip intact
 - Yes
 - No
 - Site with edema
 - Yes
 - No
 - Site with erythema
 - Yes
 - No

Medications*(computer enter name of administrator/time of administration)*

- Antibiotics
(list most common used per institution)
- Bowel prep
 - Fleets enema
 - PEG solution
- Interventional medications

- Cholecystokinen
- Glucagon
- Metaclopramide
- Simethicone

- Sedation
 - Diphanhydramine
 - Droperidol IV
 - Fentanyl IV
 - Meperidine IV
 - Midazolam IV
 - Naxolone IV
 - Promethazine IV
 - Propofol
 - Romazicon IV
 - Other (free text)
- Topical anesthetics
 - Benzocaine Spray PO
 - Lidocaine viscous
 - 2% Lidocaine jelly
- Other medications
 - Acetylcysteline
 - Atropine
 - Epinepherine IV
 - Lugols solution
 - Lidocaine injectable
 - 2%
 - 4%
 - Methylene Blue
 - Sincalide IV

Radiation (Fluoroscopy)

- Patient shielded
 - Yes
 - No
 - Not applicable
- Fluoroscopy settings
- Contrast media
 - Amount
 - Type
 - Ionic
 - Full
 - Half
 - Non-ionic
 - Full
 - Half
 - Gastrograffin
- Total fluoroscopy time
- Time out of room

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Post-Procedure

Time admitted to recovery

Procedure(s) performed

(link to procedure(s) scheduled)

Capsule Endoscopy

- Scheduled
- Repeated

Colonoscopy

- Scheduled
- Repeated
- Emergency

Dilation

- Scheduled
- Repeated
- Emergency

EGD

- Scheduled
- Repeated
- Emergency

ERCP

- Scheduled
- Repeated
- Emergency

EUS

- FNA
- Scheduled
- Repeated

Flexible sigmoidoscopy

- Scheduled
- Repeated
- Emergency

Manometry and Motility

- Biliary
- Esophageal
- Rectal

- Scheduled
- Repeated

24 hour pH

- Scheduled
- Repeated

Vital signs

Blood pressure

Heart rate

Heart rhythm

Respiratory rate

O₂ saturation

Capnography (CO₂)

Oxygen at _____liters

(link from pre-procedure)

Time initiated

Time discontinued

How administered

Cannula

Mask

Tracheostomy

ET tube

Skin temperature

Warm

Cool

Skin status

Dry

Moist

Intact

Yes

No

Body piercing

(free text to indicate location)

Other

Additional Tests

EKG

Glucometer

Blood glucose level

Time

Other

Lab *(drop menu with list)*

Radiology *(drop menu with list)*

Discharge instructions

(be sure JCAHO requirements are covered here)

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Diet (*can choose more than one*)

- As tolerated
 Clear liquid
 Full liquid
 Gluten free
 High fiber
 Low fiber
 Low fat
 Return to normal
 Small frequent meals
 Soft
 Other

Limitations (*These are examples—customize for individual institution*)

- Do not drive any vehicle, drink alcohol, operate any dangerous equipment—such as power tools, lawn mowers, etc., or make any major decisions for at least 12 hours.
 Do not eat any solid food for one hour following the completion of the procedure.
 Do not take any aspirin, Advil, Nuprin, Alleve, BC powder, or ibuprofen for 7 days. Tylenol is acceptable.
 Fluids—encourage to drink
 Medication instructions
 Prescriptions provided
 Rest at home for the next 12 hours
 Questions invited and answered
 - Yes
 - No
 - Narrative (text)

Follow up appointment

- Office
 Procedure

Emergency follow up indicated for:(*examples—customize for individual facility*)

- Any gastrointestinal bleeding > 1 tablespoon
 Any pain or red streaks near your IV site
 Nausea or vomiting lasting over 2 hours
 Referred pain to shoulder/neck area
 Severe or unusual abdominal discomfort or pain
 Temperature over 101 degrees F
 Call Dr.

immediately at phone # **Post procedure teaching**

- Date
 Time
 Method
 - Verbal
 - Video
 - Written Verbalizes understanding
 Individuals present for teaching
 - Patient
 - Spouse

- Parent
 Child
 Sibling
 Friend
 Significant other
 Teaching content verbalized as understood by:
 - Patient
 - Spouse
 - Parent
 - Child
 - Sibling
 - Friend
 - Significant other

 Potential barriers to learning

- Anxiety level
 Cognitive ability
 Hearing
 Language
 - Primary language
 - Translator utilized Sight

 Teaching content(*drop-down menu with common discharge instruction worksheets to identify which one(s) were given to the patient/family/etc.*)

- People present for teaching (*write in names*)

Post procedure devices in place(*those inserted during procedure*)

- ET tube
 PEG/PEJ
 Rectal tube
 Stent (link to intraprocedure entry)

Post procedure devices retrieved

- Discharged with devices in place
 Retrieved prior to discharge
 - ET tube
 - PEG/PEJ
 - Rectal tube
 - Stent (link to intraprocedure entry)

Occurrences

- Admitted to hospital
 Allergic reaction
 Anesthesia
 Aspiration
 Bleeding
 Code
 Flumazemil administration
 Intubation
 IV infiltration
 Naloxone administration
 Nausea
 Perforation
 Readiness for discharge greater than 2 hours
 Vomiting

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Discharge

- Inpatient
- Returned to room
 - Admitted to ICU
 - Transferred to another facility
 - Transported by
 - RN
 - LVN
 - Tech
 - Other
- Outpatient
- Home
 - Admitted to room
 - Admitted to ICU
 - Returned to ER
 - Transferred to another facility
 - Accompanied by (specify name)
 - Family
 - Significant other
 - Ambulance staff
- Transportation
- Public
 - Private
- Mode
- Ambulatory
 - Wheel chair
 - Stretcher
- Report
- Called
 - Given to
 - Given by
 - Not applicable

Assessment

- Abdominal assessment
- Soft
 - Firm
 - Round
 - Flat
 - Distended
 - Tender
 - Nontender
 - Ascites
 - Passing flatus
- Gag reflex present
- Tolerating PO fluids

Intravenous access

- Site(s)
- Solution
- D5/W
 - Normal saline
 - Lactated ringers
 - D5 1/2 NS
 - D5 1/4 NS
 - Packed red blood cells
 - Fresh frozen plasma (FFP)
 - Other
- Total amount infused

- Total amount remaining (*system should calculate from amt. hung and amt. infused.*)
- Discontinued time
- Type of dressing applied
- Catheter tip intact
- Yes
 - No
- Site with edema
- Yes
 - Site care instructions offered
 - No
- Site with erythema
- Yes
 - Site care instructions offered

Aldrete scoring

- Activity
- Able to move 4 extremities (2)
 - Able to move 2 extremities (1)
 - Able to move 0 extremities (0)
- Respiration
- Deeply breaths, coughs freely (2)
 - Dyspnea or limited breathing (1)
 - Apneic (0)
- Circulation
- Systolic BP \pm 20 mmHg pre-procedure level (2)
 - Systolic BP \pm 20 mmHg to 50 mmHg pre-procedure level (1)
 - Systolic BP \pm 50 mmHg or more of pre-procedure level (0)
- Consciousness
- Fully awake (2)
 - Arises on calling (1)
 - Unresponsive (0)
- Color
- Pink (2)
 - Pale, dusky, blotchy, jaundiced (1)
 - Cyanotic (0)

Pain

- No
- Yes
- Location
 - Duration
 - 0-10
 - What 0-10 would be acceptable?
 - Frequency
 - Symptoms relieved by
 - Symptoms worsened by
 - Description
 -

Belongings returned

- Dentures
- Glasses
- Hearing aids
- Other

Discharged by: (*drop down menu with list of staff*)

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