Mercer County Community Hospital

800 West Main Street, Coldwater, Ohio 45828

SAME DAY SURGERY ADMISSION RECORD

SDS Form 714 8/14

Reason for Admission:_____

Procedure:_____

PREADMISSION VISIT: Date:_____ B/P_____ Pulse_____ Test to be done on admission:_____

Notes:_____

**Admission Date:_____ _____Time: _____ Mode: ☐ Ambulatory ☐W/C ☐Other _____

HEALTH HISTORY and ASSESSMENT: Historian: ☐ Patient/Family member ☐ Transfer sheet ☐Prior medical record ☐Other_____

**PreviousHospitalizations/Surgeries:_____

_____

_____

_____

_____

Anesthesia Reactions: ☐ None ☐ N /V ☐ B/P ☐Respiratory ☐Fever ☐Family History ☐ Slow to awaken ☐ Other_____

Comments:_____

****Vital Signs**: Height:_____ Weight:_____ ☐scale ☐stated B/P_____ P_____ R_____ T_____ Sa02_____

****ALLERGIES**: ☐ None _____

_____

****Impairments**: Hearing: ☐ Left ☐ Right_____ Vision:_____

****Habits:** Alcohol:_____ Tobacco:_____ Street Drugs:_____

****Emotional Status**: ☐Calm ☐Cooperative ☐ Anxious ☐Other _____

****Mental Health:** ☐ Depression ☐ Anxiety ☐ Other_____

****Customs/Religious Practices affecting care**: **Advance Directives**: ☐ none-info provided ☐Living Will ☐DPA ☐DNR ID ☐On file

NEUROLOGICAL: ☐ No deficits

☐ Numbness / Tingling:_____

☐ Weakness ☐ Dizziness ☐ Syncope ☐ Headache

☐ Tremors ☐ Seizures ☐ CVA/TIA ☐ Paralysis_____

☐ Orientated ☐ Confused

Comments:_____

MUSCULOSKELETAL: ☐ No difficulty

☐ Pain ☐ Arthritis: *Areas Affected*: _____

☐ Fibromyalgia ☐ Osteopenia/Osteoporosis ☐Back/Neck problems

Equipment for ADL:_____

Comments:_____

_____

CARDIOVASCULAR: ☐ No difficulty

☐ Chest Pain: ☐ At Rest ☐ With exertion ☐ MI ☐ Pacer/IED

☐ HTN ☐ CAD ☐ CHF ☐ MVP / Murmur

☐ Dysrhythmia:_____ ☐ Hyperlipidemia

☐ Bleeding/clotting disorder _____ ☐ Anemia ☐Fatigue

Apical Pulse: ☐ Regular ☐ Irregular **Edema:** ☐ No ☐ Yes_____

Peripheral pulses (if applicable)

Radial right_____ left_____ Pedal right_____ left_____

Comments:_____

GENITOURINARY GYN: ☐ No difficulty

☐ Hematuria ☐ Dysuria ☐ Frequency ☐ Urgency ☐Hesitancy

☐ Retention ☐ Nocturia ☐ Incontinence ☐Kidney Stones

LMP_____ ☐ Post Menopausal / Hysterectomy

Comments: _____

ENDOCRINE: ☐ No difficulty ♦ Glucometer- chart results on back of form

☐ Hypoglycemia ☐ Diabetes ☐ Thyroid

Respiratory: ☐ No difficulty

Dyspnea: ☐ At rest ☐ Exertion ☐ Asthma ☐ COPD

☐ Chronic bronchitis ☐ Sleep Apnea_____

Cough: ☐ Nonproductive ☐ Productive_____

Breath Sounds:_____

Comments:_____

INTEGUMENTARY: ☐ No difficulty ☐ See Form # 1457

**Condition/Color: ☐ Hot ☐ Warm ☐ Cool ☐ Pale

☐ Dry ☐ Moist ☐ Other ☐ Pink

Comments:_____

GASTROINTESTINAL: ☐ No difficulty

☐ Nausea / Vomiting ☐ Dysphagia ☐ Heartburn / reflux

☐ Diarrhea / Constipation ☐Hiatal Hernia ☐Diverticular Disease

☐ Hepatitis ☐Cirrhosis

Current Diet followed:_____

Comments:_____

***PAIN ASSESSMENT: ☐ Denies Pain

Word to describe Pain:_____

Intensity (0-10)_____Pain Goal (0-10)_____

Location: Quality, patterns of radiation:_____

_____

_____

Duration: Time of onset, duration, variation and pattern_____

_____

_____

Alleviation/Aggravation factor: What makes the pain better?_____

What makes the pain worse?_____

Pain other than site of present complaint:_____

☐ **N/A**

Other: ☐Cancer ☐Autoimmune disorder

Comments:_____

_____

**Only sections that need completed if patient receiving local anesthesia.

PAT Nurse:_____ Date: _____

Admitting Nurse: _____ Date:_____

* SAME DAY SURGERY PREOPERATIVE CHECKLIST

	UNIT RN	OR RN
NPO after:		
SURGICAL CONSENT SIGNED		
SITE VERIFICATION by pt/guardian RT._____LT_____		
ID BAND (Pediatric-check guardian ID band)		
VOIDED ☐ CATH ☐		
OPERATIVE AREA PREPPED ☐ yes ☐ N/A		
HISTORY & PHYSICAL ☐ present ☐ dictated ☐ not dictated-physician notified		
SIDERAILS UP/CALL BELL WITHIN REACH/ BED LOW and LOCKED		
ALLERGIES: ☐ None _____ _____		

VALUABLES(circle)

	Patient	Family	Belongings	None
Glasses/Contacts:	☐	☐	☐	☐
Dentures:	☐	☐	☐	☐
Purse/Wallet:	☐	☐	☐	☐
Jewelry:	☐	☐	☐	☐
☐ Risks explained to patient				
Hearing Aid:	☐	☐	☐	☐

LAB/X-RAY: (circle test ordered)

	nl	abn		nl	abn
CBC			URINE C&S		
PT/PTT			BASIC/CP		
Bleed Time			CXR		
U/A			EKG		
UCG					
Type &					

Glucometer Check:

(Ref. Range 74-103mg/dl)

Dr._____notified of abnormal Date_____ Time_____

☐ Chart Flagged
☐ Not Indicated

MEDICATIONS: Route: Time given:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

IV: Amount: ☐ 1000cc ☐ 500cc ☐ 250cc

Solution: ☐ NS ☐ LR ☐

Time:_____ Rate:_____ Site:_____

Needle Size: _____

☐ Lido Wheal ☐ Ethyl Chloride ☐ LMX4

INT:_____

PREOPERATIVE TEACHING: Explanation of:	PAT	DOS
Deep breathing, return demonstration ☐ N/A		
Operating Room/Recovery Room		
Pre-op medication: effects/precautions ☐ N/A		
IV fluids ☐ N/A		
Post-op: Diet, Activity, Pain Management		
Procedure specific handout given ☐		
Fears, misconceptions, need for additional information		

☐ None voiced Comments:
☐ Verbalizes understanding

ANTICIPATED DISCHARGE NEEDS: □ None

☐ Ancillary department referral
☐ Nursing care ☐ Assistance with ADL
☐ Medical Supplies/Equipment ☐ Educational Needs

Literary Screening:

"How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?"

☐ 1- Never ☐ 2- Rarely ♦ ☐ 3- Sometimes ♦ ☐ 4- Often

♦A score of greater than 2, indicates some difficulty reading printed materials. Use more visuals, teach back method, repetitive teaching method, and have family present during education.

NURSING NOTES:_____
_____
_____
_____
_____
_____
_____

CARE PLANS:

1. Surgical Standard of Care
2. Pre-operative Standard of Practice
3. Post-operative Standard of Care
4. Other:

_____
_____

*Exception to Standard of Practice:

_____
_____

Nurse	Initials

FAMILY: ☐ Support Person _____ ☐ Waiting instructions given ☐ None					
Transported to OR per cart @_____ Unit Nurse_____ OR Nurse_____Report received from_____					

* Date and initial as sections are completed. When patient admitted in SDS Department ✔ is sufficient.