RECOVERY ROOM REGISTER

Date	Hospital Number	PATIENT	Age	Sex	Room No.	OPERATION	Surgeon	Operating Room Anesthetist	Anesthesia	Total Anesthetic Time	Recovery Room Anesthetist	Arrived in Rec. Room	Condition on Arrival	Recovery Room Nurse	

RECOVERY ROOM REGISTER

	Blood Type	INFUSION RECORD						Regained Consciousness	Nausea (times)	Vomiting (times)	Other Complications	Therapy	Time to Pts. Room	Body Temperature	Skin Condition	Condition on Transfer
		Blood; Plasma Saline; % Glucose	Blood Bank No.	Blood Type	Total vol. cc.	Time Started	Reaction									

BINDING MARGIN - NOPRINTING