

Vital signs in patient's normal range	Yes_____	*No_____
Respiratory function stable; airway patent	Yes _____	*No_____
Cardiovascular function and hydration status stable	Yes _____	*No_____
Mental status recovered: patient participates in evaluation	Yes _____	*No_____
Pain control satisfactory	Yes _____	*No_____
Nausea and vomiting control satisfactory	Yes _____	*No_____

\* Comments

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Signature

Date

Time



POST-ANESTHESIA EVALUATION NOTE  
A1044 (09/10)