

LOGO



**ACSRP ADMISSION RECORD**

Precautions  No  Yes, type: Airborne / Droplet / Contact

Procedure as Consented \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_ SaO<sub>2</sub> \_\_\_\_\_

Pre-Procedure Pain No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

**PSYCHOLOGICAL/SOCIAL**

Mental Status  Awake  Sedated  Oriented  Unresponsive  
 Drowsy/Lethargic  Disoriented/Confused  Other  
Emotional Status  Calm/Relaxed  Cooperative  Tearful  
 Agitated/Restless  Combative/Uncooperative  Apprehensive/Anxious  
Communication  No Impairment  Vision Impaired/Blind  Hearing Impaired/Deaf  Mute  
Ability Languages Spoken/Understood \_\_\_\_\_  
 Interpreter Name \_\_\_\_\_ Name \_\_\_\_\_  
 Patient's Statement of Surgical Procedure \_\_\_\_\_

Name of family/other and location \_\_\_\_\_  Surgical Waiting Room  Other \_\_\_\_\_

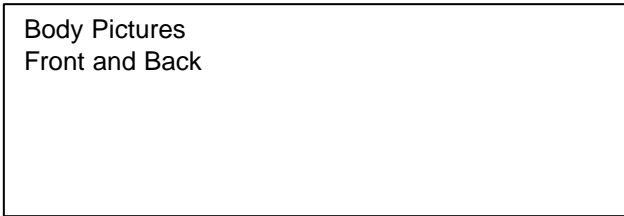
**PHYSICAL**

Respiratory  No Limitations  Smoker, # packs/day \_\_\_\_\_  Asthma  Respirator  
Status  E.T. Tube  Trach/Laryngectomy  T.B.  N/P Mask  Other \_\_\_\_\_

Recent Exposure to communicable Disease (cold, flu, measles, chicken pox, etc.)  No  Yes, specify \_\_\_\_\_

Skin Condition  Intact, no breakdown or reddened areas  
 Breakdown or reddened areas\* +

Mobility/Positioning Limitations  None  
 Traction/Cast\*  Obesity  Arthritis\*  
 Paralysis, Level/Side \_\_\_\_\_/\_\_\_\_\_  
 Wheelchair/crutches/walker



\*Indicate on diagram +describe

Medical History  Diabetes  Hypertension  Pregnancy  Cardiopulmonary disease  
 Liver Disease  Renal Disease  Other \_\_\_\_\_

Routine Medications Taken at Home (Include herbal, home remedies and homeopathic) \*star medications taken today

None  ASA  BP \_\_\_\_\_  Cardiac \_\_\_\_\_  
 Other \_\_\_\_\_

Signature \_\_\_\_\_ RN \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_