



**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

OPERATION RECOVERY RECORD STANDARD MEDICAL DOCUMENTATION

Patient's Name:				MRD No./UHID No.	
Age:	Gender	M	F	O	Ward No.
Date of Admission	DD/MM/YY			Bed No.	

1. Surgical Procedure: _____

2. Surgeon's Name: _____

3. Anaesthetist Name: _____

4. Time of Examination: _____

5. Time Transferred to Ward: _____

6. Pulse and BP Chart:

Questionable Infected Case	YES	NO
Naso Gastric Tube	YES	NO
Drainage Catheters	YES	NO
Wound Soakage	YES	NO
Any Anaesthetic Complication	YES	NO

7. Drugs Given in Recovery Room: _____

8. Other Remarks: _____

Name of Nurse for Recovery Observation: _____

Signature: _____

Date: _____