



**SLEEPY  
TOOTH  
DENTAL**

# RECOVERY AND DISCHARGE

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Patient: \_\_\_\_\_

**ARRIVAL TIME:**

AGENTS/DRUGS		0	5	10	15	20	25	30	35	40	45	50	55	60	TOTALS
<b>FLUIDS</b>	NS    LR	→													mL
<b>OXYGEN</b>	L/min    %														

<b>MONITORS</b>	
<input type="checkbox"/> AUTO BP	R L
<input type="checkbox"/> ECG	(Lead II)
<input type="checkbox"/> PULSE OXIMETER	
<b>SYMBOLS</b>	
SBP	∇
DBP	∧
PULSE	•
RESP	○
<b>POSITION</b>	
<input type="checkbox"/> RECLINED	
<input type="checkbox"/> SUPINE	



<b>IV</b>	
<input type="checkbox"/>	22G Catheter
<input type="checkbox"/>	20G Catheter
<input type="checkbox"/>	_____
R	<input type="checkbox"/> Antecubital
L	<input type="checkbox"/> Radial
	<input type="checkbox"/> Dorsum hand
<input type="checkbox"/>	N/A
<b>AIRWAY</b>	
<input type="checkbox"/>	Nasal Cannula
<input type="checkbox"/>	Nasal Mask
<input type="checkbox"/>	Mask
<input type="checkbox"/>	Nasopharyngeal
<input type="checkbox"/>	Oral
<input type="checkbox"/>	LMA
<input type="checkbox"/>	N/A

**Discharge Criteria**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Normal depth/rate of respiration (2)   | <input type="checkbox"/> Limited breathing/airway (1)       | <input type="checkbox"/> Airway support needed (0)          |
| <input type="checkbox"/> Moves 4 extremities at will (2)        | <input type="checkbox"/> Able to sit, but not stand (1)     | <input type="checkbox"/> Non-ambulatory (0)                 |
| <input type="checkbox"/> Alert and oriented x 3 (2)             | <input type="checkbox"/> Aroused by verbal stimulus (1)     | <input type="checkbox"/> Aroused by physical stimulus (0)   |
| <input type="checkbox"/> BP +/- 20% preop (2)                   | <input type="checkbox"/> BP +/- 21-40% preop (1)            | <input type="checkbox"/> BP > 40% preop (0)                 |
| <input type="checkbox"/> None or mild nausea w/ no vomiting (2) | <input type="checkbox"/> Transient vomiting or retching (1) | <input type="checkbox"/> Persistent nausea and vomiting (0) |

**TOTAL SCORE** = \_\_\_\_\_ [Patient may be discharged if total score is 8 or higher]

**Discharge Vital Signs** BP \_\_\_\_\_ / \_\_\_\_\_ HR \_\_\_\_\_

**Disposition**

Verbal instructions given to  Patient  Escort                      Written instructions given to  Patient  Escort

Name of individual accompanying patient \_\_\_\_\_ Relationship \_\_\_\_\_

Discharge to  Home  Other: \_\_\_\_\_

Post-operative appointment  PRN  One week  10-14 days  \_\_\_\_\_  Confirmed by scheduling staff

**Person Discharging Patient** \_\_\_\_\_ **Person Taking Patient to Vehicle** \_\_\_\_\_

**Dr. Signature** \_\_\_\_\_