

#### King Saud University

Nursing college

#### Maternity & Child Health Nursing Department

NUR 327

# Children Recovery Room Assessment sheet

Date: / /

Date Received: / /

() On Time

() Late

Student name :

**ID**#:

Score : /20

/10

Instructors' name:

Signature :

# **Recovery Room Report**

## Socio-demographic data: ( / 3.5)

0.25
0.25
0.25
0.5
1
0.25
0.5
0.5

#### Vital signs: ( /1)

T. P. R. B.P.

### Physical assessment: ( /4)

Skin	Color:	Temp:	Moisture:
Neurological	Oriented:	Confused:	Lethargic:
Respiratory	Berthing:	O2 supply:	
Cardiovascular	Capillary refill:	Peripheral pulse:	
Urinary	Catheter:	Voiding:	Urine amount:
Pain	Location:	Severity: /10	Last pain medication:

## Fluid intake: ( / 2.5)

Fluid Name	•	Type		Amount /1		Nursing role	
	0.5		0.5		0.5	1.	0.25
						2.	0.25
						3.	0.25
						4.	0.25

Name ( cl	ass)	Dose /Route	Patient teaching	Nursing roles
	0.5	0.5	0.25	0.2
			0.25	0.2
			0.25	0.2
	0.5	0.5	0.25	0.2
			0.25	0.2
			0.25	0.2
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