

SURGICAL RECOVERY CHART

Post-Operative Day: _____

PATIENT NAME
DATE OF SURGERY
SURGEON

TIME	PAIN LEVEL (1-10)	VITAL SIGNS (BP/HR)	MEDICATION ADMINISTERED	OBSERVATIONS / WOUND STATUS / INTAKE-OUTPUT
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DAILY SUMMARY & DISCHARGE PLANNING NOTES

Form ID: SURG-REC-001

Physician Signature: _____

Nurse Signature: _____