

## Anesthesia PR/UR Monitoring Form

Physician Name: \_\_\_\_\_

Monitor: \_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_ Patient Name/Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedure: \_\_\_\_\_

### **CASE EVALUATION**

	<u>Acceptable</u>	<u>Unacceptable</u>
Pre-operative Evaluation including: Review of lab, X-ray, EKG reports Known allergies, current medications Informed consent Vital signs within 30 minutes prior to surgery	( )	( )
Appropriateness of Anesthetic Technique	( )	( )
Appropriateness of Drugs, Dosages and Fluid Volumes	( )	( )
Post-Operative and Discharge Orders: Discharge Assessment	( )	( )
Medical Knowledge	( )	( )

**NOTE:** A statement is required for each case to ensure a meaningful and objective evaluation will be accomplished. Without this statement, the report **WILL NOT** be accepted by the medical director and will be returned to the monitor for completion.

Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician Monitor's Signature: \_\_\_\_\_