Post Operative Note Template

Date/Time

POD#____

Subjective:
how patient is feeling, pain control, diet, ambulating, any complaints,
Lochia, passing flatus/bm

Objective:
Vitals, temperature, I/Os
General appearance
Chest/CV
Abdomen—incision-clean/dry/intact, assess bowel sounds, ?tenderness- describe where
Extremities—edema

Assessment and Plan:

____ year old, POD#____ s/p__________________
pain controlled, consider d/c PCA, change to oral meds
D/C foley, advance diet with flatus, encourage ambulation, etc.