

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.