

# Postoperative Nursing Assessment

Patient Name

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Hospital No.

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Date & Time

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Surgery Performed

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Surgeon

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Airway

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Breathing

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Circulation

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Temperature

---

Consciousness Level

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Pain Assessment

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Pupil Reaction

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Wound Site

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Drainage

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IV Fluids

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Urine Output

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Other Output

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Additional Notes

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Nurse's Name

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Signature

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