

## **Patient Procedure Downtime Form**

Fill out this form using the downtime report or Cerner read only, if applicable.

Last Name	Page 1. PATIENT	INFORI	MATION	ı									
APPOINTMENT INFORMATION  Appointment Date						First Name			Middle Initial				
Appointment Type Attending Provider Supervising Provider Supervising Provider  WITALS Blood Pressure (BP) BP Source Temp.	Date of Birth			MRN					Gender	□Male	□F	emale	
Appointment Type Attending Provider Supervising Provider Supervising Provider  WITALS Blood Pressure (BP) BP Source Temp.	ADDOINTMENT	INIEODA/	IATION										
Attending Provider   Supervising Provider   Chief Complaint			IATION				Annointment Ty	me.					
Reason for Visit													
VITALS		<u> </u>											
Blood Pressure (BP) BP Source Pulse Respirations O2 Sat Temp.	Treason for Visit						Ciner complaint						
D2 Sat													
Wt.		BP)					1			-			
HISTORY Social, Family & Procedure/Surgical Histories reviewed on downtime report	O2 Sat			Temp. □°C □°F		•		Pain Level (1-10)					
HISTORY  Social, Family & Procedure/Surgical Histories reviewed on downtime report		□ kg	□lbs.	Ht.		□cm □inches	Other Vitals						
Social, Family & Procedure/Surgical Histories reviewed on downtime report	Comments												
Social, Family & Procedure/Surgical Histories reviewed on downtime report	HISTORY												
ALLERGIES Allergies reviewed on downtime report □Yes □No Comments:  MEDICATIONS Medications reviewed on downtime report □Yes □No Additional medication page attached □Yes □No Medication Medication Details □Yes □No Medication Medication Details □Yes □No Medication □No Medicati		Procedu	re/Surg	ical Hist	ories re	eviewed on down	time report □Ye	s 🗆 No	 O				
Allergies reviewed on downtime report			-,	,					_				
Allergies reviewed on downtime report													
Comments:   MEDICATIONS   Medications reviewed on downtime report □Yes □No Preferred Pharmacy:   Additional medication page attached □Yes □No Medication Medication Details Compliance Prescribing Provider Script provided □Yes □Yes   Time Date Printed Staff Name Signature    PROCEDURE:  Pre-Op Diagnosis:  Pre-Op Diagnosis:  Anesthesia:  Drains: Specimens: Complications: Condition:													
MEDICATIONS         Medications reviewed on downtime report □Yes □No       Preferred Pharmacy:         Additional medication page attached □Yes □No       Compliance   Prescribing Provider   Script provided   □Yes   □Yes   □Yes   □Yes   □Yes         Time □ Date □ Printed Staff Name □ Signature         Review of Systems         Objective/ Physical Exam         PROCEDURE:         Pre-Op Diagnosis: □ Post-Op Diagnosis: □ Anesthesia: □ Drains: □ Specimens: □ Complications: □ Complications: □ Complications: □ Complications: □ Condition: □ Complications: □ Com													
Medications reviewed on downtime report □Yes □No   Additional medication page attached □Yes □No   Medication Medication Details Compliance Prescribing Provider Script provided   □Yes □Yes    Time  Date  Printed Staff Name  Signature  Review of Systems  PROCEDURE:  Pre-Op Diagnosis: Anesthesia: Specimens: Complications:	Comments:												
Medications reviewed on downtime report □Yes □No   Additional medication page attached □Yes □No   Medication Medication Details Compliance Prescribing Provider Script provided   □Yes □Yes    Time  Date  Printed Staff Name  Signature  Review of Systems  PROCEDURE:  Pre-Op Diagnosis: Anesthesia: Specimens: Complications:	MEDICATIONS												
Additional medication page attached  Medication Medication Details Compliance Prescribing Provider Script provided  Medication Medication Details Compliance Prescribing Provider Script provided  Yes  Time Date Printed Staff Name Signature  Review of Systems  PROCEDURE:  Pre-Op Diagnosis: Post-Op Diagnosis: Anesthesia: Drains: Specimens: Complications: Condition:		iewed o	n down	time rep	ort $\square$	Yes □No	Preferred Phar	macy:					
Medication       Medication Details       Compliance       Prescribing Provider       Script provided         □Yes       □Yes         Time       Date       Printed Staff Name       Signature         Review of Systems         PROCEDURE:         Pre-Op Diagnosis:       Post-Op Diagnosis:         Anesthesia:       Drains:         Specimens:       Complications:         Condition:       Complications:				-			L						
□Yes								ince Prescribing Provider Script provided			Script provided		
Time Date Printed Staff Name Signature  Review of Systems  Objective/ Physical Exam  PROCEDURE: Pre-Op Diagnosis: Post-Op Diagnosis: Anesthesia: Drains: Specimens: Complications: Condition:							·						
Review of Systems  Objective/ Physical Exam  PROCEDURE: Pre-Op Diagnosis: Anesthesia: Drains: Specimens: Condition:										□Yes			
Review of Systems  Objective/ Physical Exam  PROCEDURE: Pre-Op Diagnosis: Anesthesia: Drains: Specimens: Condition:		,					•	'	r				
Objective/ Physical Exam  PROCEDURE: Pre-Op Diagnosis: Anesthesia: Specimens: Condition:  Objective/ Physical Exam  Post-Op Diagnosis:  Post-Op Diagnosis: Complications: Complications:	Time Date			Printed Staff Name			Signature			re			
Objective/ Physical Exam  PROCEDURE: Pre-Op Diagnosis: Anesthesia: Specimens: Condition:  Objective/ Physical Exam  Post-Op Diagnosis:  Post-Op Diagnosis: Complications: Complications:													
PROCEDURE: Pre-Op Diagnosis: Anesthesia: Drains: Specimens: Condition:	Review of Syste	ms											
PROCEDURE: Pre-Op Diagnosis: Anesthesia: Drains: Specimens: Condition:													
PROCEDURE: Pre-Op Diagnosis: Anesthesia: Drains: Specimens: Condition:													
PROCEDURE: Pre-Op Diagnosis: Anesthesia: Drains: Specimens: Condition:													
Pre-Op Diagnosis:Post-Op Diagnosis:Anesthesia:Drains:Specimens:Complications:Condition:	Objective/ Phys	ical Exa	n										
Pre-Op Diagnosis:Post-Op Diagnosis:Anesthesia:Drains:Specimens:Complications:Condition:													
Pre-Op Diagnosis:Post-Op Diagnosis:Anesthesia:Drains:Specimens:Complications:Condition:													
Pre-Op Diagnosis:Post-Op Diagnosis:Anesthesia:Drains:Specimens:Complications:Condition:													
Pre-Op Diagnosis:Post-Op Diagnosis:Anesthesia:Drains:Specimens:Complications:Condition:	PROCEDURE:												
Anesthesia: Drains: Specimens: Complications: Condition:		s:					Post-On Diagno	osis:					
Specimens: Complications: Condition:													
Condition:													
							1						
rindings.	Findings:												

Page 2. PATIENT	INFORMATION								
Last Name		First Name		Date of Birth					
		·							
Procedure Not	e								
PROBLEMS BE	ING ADDRESSED THIS	VISIT							
CHARGES									
ORDERS	/0 . 1 .		D		D C /D D				
Order Descript	ion/Code	Associated	Problem/Diagnosis		Paper Script/Req Provided				
					□Yes □No □N/A				
					□Yes □No □N/A				
					☐Yes ☐No ☐N/A ☐Yes ☐No ☐N/A				
					Lifes Lino Lin/A				
ASSESSMENT & PLAN									
Time	Date	Provider Name		Signature					
	<u> </u>	<u> </u>							
SUPERVISING PI	ROVIDER COMMENTS								
Time	Date	Supervising Provide	er Name	Signature					

Note: Attach any other printed reports and/or paper document used. Scan in downtime form with this report if used.