MUNSON HEALTHCARE

Patient Procedure Downtime Form

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

Page 1. PATIENT INFORMATION		
Last Name	First Name	Middle Initial
Date of Birth	MRN	Gender ☐Male ☐Female

APPOINTMENT INFORMATION	
Appointment Date	Appointment Type
Attending Provider	Supervising Provider
Reason for Visit	Chief Complaint

VITALS			
Blood Pressure (BP)	BP Source	Pulse	Respirations
O2 Sat	Temp. ☐°C ☐ °F	Temp. Source	Pain Level (1-10)
Wt. ☐ kg ☐lbs.	Ht. ☐cm ☐inches	Other Vitals	
Comments			

HISTORY
Social, Family & Procedure/Surgical Histories reviewed on downtime report ☐Yes ☐No
Comments:

ALLERGIES
Allergies reviewed on downtime report ☐Yes ☐No
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

Review of Systems

Objective/ Physical Exam

PROCEDURE:	
Pre-Op Diagnosis:	Post-Op Diagnosis:
Anesthesia:	Drains:
Specimens:	Complications:
Condition:	
Findings:	

Page 2. PATIENT INFORMATION		
Last Name	First Name	Date of Birth

Procedure Note

PROBLEMS BEING ADDRESSED THIS VISIT

CHARGES	

ORDERS		
Order Description/Code	Associated Problem/Diagnosis	Paper Script/Req Provided
		☐Yes ☐No ☐N/A
		☐Yes ☐No ☐N/A
		☐Yes ☐No ☐N/A
		☐Yes ☐No ☐N/A

ASSESSMENT & PLAN

Time	Date	Provider Name	Signature

SUPERVISING PROVIDER COMMENTS			
Time	Date	Supervising Provider Name	Signature

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