

ORTHOPAEDIC SURGERY PROGRESS NOTE  
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PATIENT NAME:

DATE / TIME :

POST OP DAY:

HOSPITAL DAY:

PROCEDURE / DX:

TEMPERATURE:

NEURO-VASCULAR INVOLVED EXTREMITY [IES]:

Hb / Hct / Platelet count [000] :

Acute post-op blood loss anemia:

Urinalysis:

Wound status:

P.T. Status:

Foley cath removed?;

IMMEDIATE POSTOP

SEDATED

LIMITED MOBILITY

DEMENTIA

DANGER OF SKIN COMPROMISE

Other:

Plan:

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