

# Postoperative Progress Note

Patient Name:

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Age/Sex:

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Hospital No.:

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Date:

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Time:

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Postoperative Day #:

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Surgery Performed:

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## Subjective

Patient-reported symptoms, complaints, pain, etc.

## Objective

Vital Signs:

BP / Pulse / Temp / RR

Input / Output:

IV fluids, urine, drains, etc.

Physical Examination:

General, wound, drains, relevant findings

Laboratory / Imaging:

Relevant lab or scan results

## Assessment

Postop status, complications, concerns

## Plan

Treatment, investigations, consultations, instructions

**Signature:**

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**Name / Designation:**

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