

Postoperative Progress Note

Patient Name:

Age/Sex:

Hospital No.:

Date:

Time:

Postoperative Day #:

Surgery Performed:

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:

Name / Designation:
