

HEALTHCARE

**PROGRESS
NOTES**

BRIEF OPERATIVE NOTE

THIS FORM TO BE COMPLETED PRIOR TO PACU DISCHARGE

DATE OF OPERATION: IN-PATIENT OUT-PATIENT

PRE-OP DIAGNOSES:

POST-OP DIAGNOSES:

SURGEON: OP NOTE DICTATION ASSIGNED TO:

ASSISTANT(S):

OPERATION PERFORMED:

ANESTHESIA TYPE: BY DR:

BLOOD LOSS: URINE OUTPUT:

CRYSTALLOID FLUID TYPE: AMOUNT:

AMOUNT:

COLLOIDS: BLOOD: FFP: PLATELETS:

DRAINS: YES NO TYPE: FOLEY: YES NO

COMPLICATIONS:

SPECIMENS:

CLASSIFICATION: I. CLEAN III. CONTAMINATED

II. CLEAN-CONTAMINATED IV. GROSSLY CONTAMINATED

PERTINENT FINDINGS/COMMENTS:

FORM COMPLETED BY:

(PRINT NAME)

(SIGNATURE)

(BEEPER #)