

PERIOPERATIVE NURSING RECORD

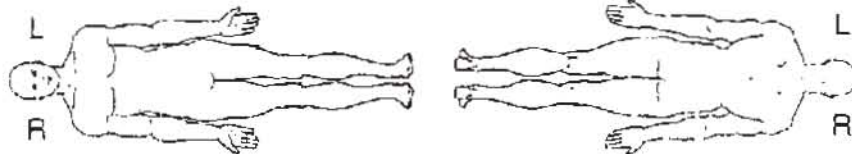
DATE: _____

OR #:	TIME IN:	NURS. READY:	INC TIME:	CLOSURE TIME	TIME OUT:	
PATIENT TYPE <input type="checkbox"/> SDA <input type="checkbox"/> IMPATIENT <input type="checkbox"/> S.C. <input type="checkbox"/> 23 HR OBSERVATION		ARRIVAL STATUS <input type="checkbox"/> ALERT <input type="checkbox"/> DROWSY <input type="checkbox"/> COMATOSE <input type="checkbox"/> DISABILITY: <input type="checkbox"/> ORIENTED <input type="checkbox"/> DISORIENTED <input type="checkbox"/> NON ENGLISH SPEAKING		CONSENTS <input type="checkbox"/> OPERATIVE CONSENT <input type="checkbox"/> BLOOD CONSENT <input type="checkbox"/> DISPOSAL OF LIMB CONSENT <input type="checkbox"/> 30 DAY STERILIZATION CONSENT <input type="checkbox"/> ANESTHESIA CONSENT <input type="checkbox"/> I.O. BAND		ALLERGIES <input type="checkbox"/> LATEX <input type="checkbox"/> NO KNOWN ALLERGY
CASE TYPE <input type="checkbox"/> SCHEDULED <input type="checkbox"/> ADD-ON <input type="checkbox"/> EMERGENCY				OPERATIVE SITE MARKED: <input type="checkbox"/> YES SITE: _____ <input type="checkbox"/> SURGICAL SITE VERIFICATION "TIME OUT" BY SURGICAL TEAM		

NURSING DIAGNOSIS: Potential injury related to positioning. GOAL: No injury evident on patient's arrival in PACU.	POSITION: <input type="checkbox"/> SUPINE <input type="checkbox"/> PRONE <input type="checkbox"/> LATERAL <input type="checkbox"/> FOWLERS <input type="checkbox"/> SEMI FOWLERS <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> JACKKNIFE <input type="checkbox"/> KNEECHST <input type="checkbox"/> FROG LEGGED	OTHER POSITIONING SUPPLIES: _____ _____ _____
	RIGHT ARM:	
	LEFT ARM:	
	BODY STRAP:	
	POSITIONED BY:	

LEGEND:

- X = GROUND PAD
- || = SAFETY TRAP
- = TOURNIQUET
- = ELECTRODES



NURSING DIAGNOSIS: Potential impairment of skin integrity related to: -- prep solutions pooling -- improper placement of electro-surgical grounding pad. GOAL: No unusual loss of skin integrity. Demonstrated by absence of redness, bruises, abrasions, blisters, and / or burns.	TOURNIQUET #1: SITE: _____ MMHG / PSI ▲ AT / ▼ AT <input type="checkbox"/> NONE APPLIED BY: _____ ▲ AT / ▼ AT									
	TOURNIQUET #2: SITE: _____ MMHG / PSI ▲ AT / ▼ AT <input type="checkbox"/> NONE APPLIED BY: _____ ▲ AT / ▼ AT									
	CAUTERY <input type="checkbox"/> NONE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">W/COAG #1</th> <th style="width:25%;">W/COAG #2</th> <th style="width:25%;">ARGON</th> <th style="width:25%;">BIPOLAR (C)</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	W/COAG #1	W/COAG #2	ARGON	BIPOLAR (C)				
	W/COAG #1	W/COAG #2	ARGON	BIPOLAR (C)						
	UNIT NUMBER:									
	SETTING: COAG:									
	CUT:	N/A								
	SKIN PREOP:	N/A								
	SKIN POSTOP:	N/A								
SGD'S BILATERAL RIGHT LEFT UNIT #										
SHAVE PREP: AREA: _____ BY _____										
SKIN PREP <input type="checkbox"/> SCRUB _____ <input type="checkbox"/> PAINT _____										

