

HEALTHCARE
 NURSING INTRAOPERATIVE RECORD
 PLAN OF CARE
 Page 1 of 2

DATE: ___/___/___

NURSING DIAGNOSIS: Potential anxiety related to surgery. **GOAL:** Demonstrates decreased anxiety
PLAN AND IMPLEMENTATION: Appropriate measures taken
 Gave clear, concise explanations Conveyed caring supportive attitude Introduced self and explained role
 Reviewed Admission Assessment: Yes No Comment: _____

Patient Identification

- Armband
- Verbal

Verification of Procedure

- Verbally
- Other _____

Consent Form Obtained:

- Surgical
- Anesthesia
- Blood Transfusion

Allergies:

- None
- Type: _____

Prosthesis:

- None
- Type: _____

COMMENT: _____

OUTCOME: Demonstrated adaptive coping mechanisms: Yes No

NURSING DIAGNOSIS: Potential for Injury **GOAL:** Patient to remain injury free
PLAN AND IMPLEMENTATION: Appropriate measure taken

Assess Skin Condition

- Intact
- Lesions/Bruises
- _____
- _____

Positioning

- Supine
- Prone
- Jackknife
- Lithotomy
- Lateral _____
- Kidney _____
- Other _____

Positioning Aids

- Safety Strap
- Armboards
- Arms Tucked
- Sand Bag
- Chest Roll
- Shoulder Roll
- Leg Holder
- Stirrups
- Headrest
- Pillows
- Axillary Roll(s)
- Tape
- Other _____

Electrosurgery Settings

- N/A _____
- Valleylab unit _____
- Bipolar _____
- Endocoagulator _____
- Other _____
- Ground Pad Site _____
- Placed By: _____
- After Removal: _____

Hypothermia

- N/A
- Bairhugger
- Warming lights
- K-Pad

Tourniquet # _____

- N/A Safety check done
- Site: _____
- Applied by: _____
- Pressure _____ Inflated _____ Deflated _____

Circulation Devices

- N/A
- Sequential Compression Device
- TEDS
- Applied by: _____

PW/MSW/N17

Laser
 N/A
 Type: _____
 Safety list complete
 Laser Log complete

X-Ray
 N/A
 Type: _____

Outcome
 Tolerated procedure w/out apparent injury
 Yes No

Radiology Technician _____

Laser Officer:

NURSING DIAGNOSIS: Potential for infection **GOAL:** Avoidance of patient infection
PLAN AND IMPLEMENTATION: Appropriate measures taken

<p><u>Operative Site</u> <u>Skin Prep</u> <input type="checkbox"/> Betadine scrub <input type="checkbox"/> Betadine solution <input type="checkbox"/> Ultradex <input type="checkbox"/> Other _____ <u>Shave</u> <input type="checkbox"/> N/A <input type="checkbox"/> Area _____ By whom: _____ <u>Packing</u> <input type="checkbox"/> N/A Type: _____</p>	<p><u>Dressing</u> <input type="checkbox"/> N/A <input type="checkbox"/> Band-aids <input type="checkbox"/> Coverlet <input type="checkbox"/> Adaptic <input type="checkbox"/> Xeroform <input type="checkbox"/> Gauze <input type="checkbox"/> Telfa <input type="checkbox"/> Steristrip <input type="checkbox"/> Ace <input type="checkbox"/> Splint/Cast <input type="checkbox"/> Eye pad/shield <input type="checkbox"/> Other _____ <input type="checkbox"/> Ointment _____</p>	<p><u>Drains</u> <input type="checkbox"/> N/A Type: _____ <u>Catheter</u> <input type="checkbox"/> N/A Type: _____ By whom: _____ <u>Implants</u> <input type="checkbox"/> Log book complete <input type="checkbox"/> See Nursing Operative Record</p>	<p><u>Instruments</u> <input type="checkbox"/> Flashed <input type="checkbox"/> Wrapped <u>Scopes</u> <input type="checkbox"/> Steris <input type="checkbox"/> Wrapped <u>Irrigation</u> <input type="checkbox"/> Water <input type="checkbox"/> Saline <input type="checkbox"/> Other _____</p>
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OUTCOME
 Infection control measures implemented Yes No

MEDICATIONS	DOSAGE	TIME	METHOD	GIVEN BY

Discharge
Level of Consciousness
 Alert
 Drowsy/sedated
 Awakening
 Unconscious
 Other _____

Transport
 Stretcher
 Wheelchair
 Bed
 Crib
 Ambulatory
 Other _____

Safety Device
 Side rails
 Safety strap
 Bumper pads

ADDITIONAL COMMENTS: _____

NURSE'S SIGNATURE: _____