

HEALTHCARE
NURSING OPERATIVE RECORD

OR #: _____ Date _____ Inpatient Outpatient Elective Add On
 Times In room _____ Start _____ Finish _____ Out Room _____

Types of Anesthesia: General Local None Regional Block
 Sedation By Anesthesiologist By Surgeon None

Anesthesiologist _____ ASA _____

Surgeon #1 _____ Surgeon #2 _____

1st Assistant _____ 2nd Assistant _____ 3rd Assistant _____ 4th Assistant _____

Pre op Diagnosis _____

Operative Procedures (Check box of primary procedures)

a _____
 b _____
 c _____
 d _____
 e _____
 f _____
 g _____

HEMASHIELD GOLD
 Woven Double Velour Vascular Graft

REF Catalog No.
 カタログ番号

UPN

LOT

Boston Scientific Med-tech, 45 Berbour Pond Drive
 Wayne, NJ 07470 USA 800-225 3238

Post op Diagnosis _____

Sponge Count 1st _____ 2nd _____ 3rd _____
 Sharps Count 1st _____ 2nd _____ 3rd _____
 Instrument Count 1st _____ 2nd _____ 3rd _____

Specimen None Perm _____ Frozen Section _____ Bacteriology _____ Cytology _____ Other _____

Wound Classification: 1 Clean 2 Clean Contaminated 3 Contaminated 4 Infected

Discharged to IP PACU OP PACU Nursing Unit _____ ICU _____ Home Other _____

Operative Note Assigned To _____ Tray Type _____ Tray # _____

SCRUB NURSE/TECH	In	Out	CIRCULATING NURSE	In	Out