OPERATING ROOM RECORD

Hospital Center

☐ S ☐ R ☐ B

DATE	ANESTHESIA	TIME IN ROOM	DESTINATION
OR SUITE ☐ CLEAN ☐ CL. CONTAM. ☐ CONTAMINATED ☐ DIRTY	☐ MASK ☐ ENDOTUBE ☐ LOCAL ☐ REGIONAL ☐ MAC ☐ NERVE BLOCK/ SPECIAL PROCEDURE	ANESTHESIA START OPERATION START OPERATION FINISH TIME PT LEFT ROOM	☐ PACU ☐ I.C.U. ☐ ROOM ☐ AM. SURG. ☐ CHR ☐ OTHER VIA: ☐ STRETCHER ☐ BED ☐ WHEELCHAIR ☐ CRIB

☐ MINOR-under 60 min 2 staff members
☐ MAJOR-61-180 min 2 staff members
☐ INTENSIVE MAJOR-greater than 3 hours 2 or 3 staff members
☐ OPEN HEARTS AND ORGAN TRANSPLANT RETRIEVAL 2 or 3 staff members

TOTAL OR TIME IN HOURS (CHECK ONE)

☐ 0.5	☐ 1.0	☐ 1.5	☐ 2.0	☐ 2.5
☐ 3.0	☐ 3.5	☐ 4.0	☐ 4.5	☐ 5.0
☐ 5.5	☐ 6.0	☐ 6.5	☐ 7.0	☐ 7.5
☐ 8.0	☐ 8.5	☐ 9.0	☐ 9.5	☐ 10.0

PREP SOLUTION	SURGEON
PRE-OP DIAGNOSIS	1ST ASSISTANT
	ASSISTANT
POST-OP DIAGNOSIS	ANESTHESIOLOGIST
	ANESTHESIA RESIDENT
OPERATION	SCRUB NURSE
	CIRCULATOR
CPT 4 CODES	RELIEF
	RELIEF
SPECIMENS ☐ PATH ☐ F.S. ☐ MICRO ☐ CYTOLOGY ☐ OTHER	OTHER

☐ ESU SERIAL NO. _____
☐ BIPOLAR SERIAL NO. _____
☐ GROUND PAD SITE _____
☐ POST-OP GROUND PADSITE CONDITION CHECKED _____
☐ SEQUENTIAL COMP DEVICE # _____
☐ HYPOTHERMIA # _____
☐ HYPERTHERMIA # _____
☐ TOURNIQUET # _____
☐ TOURNIQUET PRESSURE _____
☐ TOURN. TIME ON _____ TIME OFF _____
APPLIED BY _____

DRAINS, PACKS, CATHS, ETC. LOCATION	POSITION	MEDICATION, IRRIGATION (TIME, AMOUNT)
☐ FOLEY	☐ SUPINE	
☐ PENROSE	☐ PRONE	
☐ HEMOVAC	☐ LITHOTOMY	
☐ JACKSON PRATT	☐ LATERAL	
☐ CHEST	☐ APPROVED BY	
☐ PACKING	DR. _____	
☐ OTHER	☐ OTHER	

"TIME OUT": ☐ CORRECT PATIENT, ☐ PROCEDURE, ☐ SITE MARKED, ☐ N/A
IF APPLICABLE: ☐ X-RAY, ☐ IMPLANT, ☐ EQUIPMENT, Time: _____

SPECIMENS	
	☐ ID ☐ CONSENT ☐ SAFETY STRAP
	COUNTS: ☐ CORRECT ☐ INCORRECT
	ACTION FOR INCORRECT COUNT X-RAY TAKEN: ☐ YES ☐ NO
	POST-OP CONDITION OF PATIENT: ☐ REACTED ☐ SEMI-REACTED ☐ NON-REACTIVE
	NURSES COMMENTS
	RN SIGNATURE / TITLE

(03/05)