

# PERI-OPERATIVE RECORD

UNIVERSITY MEDICAL CENTER

**AFFIX PATIENT INFO LABEL HERE**

- CAS     Inpatient OR     CCM     APA  
 Room # \_\_\_\_\_  
 Scheduled     Emergency  
 Male     Female

Patient Name \_\_\_\_\_ MR# \_\_\_\_\_

**ASA** \_\_\_\_\_

DATE	PATIENT ARRIVES IN O.R.	ROOM READY	PATIENT IN ROOM	PROCEDURE START	PROCEDURE FINISH	PATIENT OUT

Identification & Verification of patient name and number on wrist bracelet completed by Circulator

- Consent #2 complete, signed and Attending Surgeon signed Certification Section.  
 Right     Left     Bilateral     N/A    Circulating Nurse verifies Side of procedure with patient.  
 Anesthesia Record indicates anesthesiologist's verification of site with patient.  
 Yes     N/A    Attending Surgeon or PA verifies with patient and Marks " → " on operative side prior to induction of anesthesia.  
 Yes    Safety Check Verbalized by Circulator  
 Yes     N/A    Scrub Nurse announced "The arrow is visible, proceed"

Circulating Nurse Signature \_\_\_\_\_

- Initial Assessment/Screening and Data Base reviewed and plan of care individualized     Age Specific Assessment Done  
**WOUND CLASS**     1 (clean)     2 (clean/contaminated)     3 (contaminated)     4 (infected)  
**PATIENT LOCATION**     DAR     SAS     APA     IP     SDS     CCM  
**ANESTHESIA**     General     Regional     MAC     Local     Conscious Sedation  
**APA CLASSES**     Blood Pressure & Pulse Monitored by \_\_\_\_\_ R.N. (initials)  
                            IV started by Dr. \_\_\_\_\_     IV sedation; O2 Saturation & EKG Monitored by \_\_\_\_\_ R.N. (initials)  
**LEVEL OF CONSCIOUSNESS**     Alert     Oriented     Disoriented     Drowsy/Sedated     Unconscious     Other \_\_\_\_\_  
**EMOTIONAL STATUS**     Calm     Cooperative     Nervous     Agitated     Crying  
**PHYSICAL/SENSORY DISABILITIES**     None     Other \_\_\_\_\_

- ALLERGIES**     None     Other, Specify \_\_\_\_\_  
**NPO AFTER MIDNIGHT**     Yes     No, Specify \_\_\_\_\_  
**SKIN CONDITION**     Intact where seen     Warm     Cool     Dry     Diaphoretic     Pale     Pink     Flushed  
 Other \_\_\_\_\_

- PROSTHETIC DEVICES**     None     Other, Specify \_\_\_\_\_  
**DISEASE HISTORY**     None     Other, Specify \_\_\_\_\_

**PRE-OPERATIVE DIAGNOSIS** \_\_\_\_\_

**OPERATIVE PROCEDURES** \_\_\_\_\_

**POST OPERATIVE DIAGNOSIS** \_\_\_\_\_

Surgeon \_\_\_\_\_ Resident \_\_\_\_\_  
 Anesthesiologist \_\_\_\_\_ Resident \_\_\_\_\_

# AFFIX PATIENT INFO LABEL HERE

Patient Name \_\_\_\_\_ MR# \_\_\_\_\_

SCRUB NURSES	TITLE	IN	OUT	IN	OUT	CIRCULATING NURSES (Signature)	TITLE	INITIALS	IN	OUT	IN	OUT

POTENTIAL FOR ANXIETY RELATED TO KNOWLEDGE OF DEFICIT

**GOAL** Patient demonstrates decreased anxiety.

**PLAN/IMPLEMENTATION**

<input type="checkbox"/> Minimize noxious stimuli	<input type="checkbox"/> Describe peri-operative events	<input type="checkbox"/> Parent accompanies child in OR
<input type="checkbox"/> Give clear, concise explanations	<input type="checkbox"/> Remain with patient during induction	

**OTHER & COMMENTS** \_\_\_\_\_

**EVALUATION** Patient remains calm during induction and/or procedures

Yes  No, Explain \_\_\_\_\_

POTENTIAL FOR INJURY RELATED TO THE OPERATING ROOM ENVIRONMENT

**GOAL** Patient is free from injury related to position, chemical, physical, thermal, and electrical hazards; skin remains intact.

**PLAN/IMPLEMENTATION** Positioned by \_\_\_\_\_

**POSITION**

<input type="checkbox"/> Supine	<input type="checkbox"/> Prone	<input type="checkbox"/> Jackknife	<input type="checkbox"/> Right Lateral	<input type="checkbox"/> Left Lateral	<input type="checkbox"/> Lithotomy	<input type="checkbox"/> Frog Legged	<input type="checkbox"/> Semifowlers
<input type="checkbox"/> Other _____							

**ARMS SECURED**

<b>RIGHT</b>	<input type="checkbox"/> Padded Armboard	<input type="checkbox"/> Tucked at side	<input type="checkbox"/> Other _____
<b>LEFT</b>	<input type="checkbox"/> Padded Armboard	<input type="checkbox"/> Tucked at side	<input type="checkbox"/> Other _____

**POSITIONING DEVICES**

<input type="checkbox"/> Safety strap over thighs	<input type="checkbox"/> Donut under head	<input type="checkbox"/> Foam support under head	<input type="checkbox"/> Pillow under head
<input type="checkbox"/> Thyroid pillow under shoulders	<input type="checkbox"/> Axillary roll Right / Left		
<input type="checkbox"/> Foam pads	_____		
<input type="checkbox"/> Toboggan	<input type="checkbox"/> Kidney Braces	<input type="checkbox"/> Krause arm Support	<input type="checkbox"/> Chest Rolls
<input type="checkbox"/> Orthopedic positioning device	_____		
<input type="checkbox"/> Neurologic positioning device	_____		
<input type="checkbox"/> Comments	_____		

No pressure areas noted after positioning

**CAUTERY**

None  Monopolar # \_\_\_\_\_  Bipolar # \_\_\_\_\_ Grounding pad placement \_\_\_\_\_ by \_\_\_\_\_ R.N.

Other type of cautery \_\_\_\_\_ # \_\_\_\_\_

**TOURNIQUET**

None  Yes, Site \_\_\_\_\_ Pressure \_\_\_\_\_ mmHg

Inflate Right \_\_\_\_\_ Deflate Right \_\_\_\_\_

Applied by \_\_\_\_\_ Inflate Left \_\_\_\_\_ Deflate Left \_\_\_\_\_

**WARMING BLANKET**

None  Monitored by anesthesia Heating Unit # \_\_\_\_\_ Temperature \_\_\_\_\_

**BAIR HUGGER**

None  Monitored by anesthesia Heating Unit # \_\_\_\_\_ Temperature \_\_\_\_\_

**TED STOCKINGS**

None  Thigh-High  Knee-High  Arrived with Stockings

**SEQUENTIAL COMPRESSION**

None  Thigh-High  Knee-High  Max pressure 35-55 mmHg Unit # \_\_\_\_\_

**LASER**

None  CO2  YAG  Argon  KTP  Laser Safety precautions maintained as per policy

**RADIOLOGY**

None  X-Ray & # \_\_\_\_\_  Fluoroscopy  Dye

**CELL SAVER**

None  Yes \_\_\_\_\_ # of units transfused by \_\_\_\_\_

SPECIMENS	NO	YES	#	SPECIMENS	NO	YES	#
Pathology				Cytology			
Microbiology				Other			

	COUNTS								
	Preop			Cavity Closure			Skin Closure/Final		
	correct	incorrect	not required	correct	incorrect	not required	correct	incorrect	not required
Instruments									
Sponges									
Sharps									
RN	initials _____			initials _____			initials _____		

If incorrect count, action taken \_\_\_\_\_

Evaluation: The patient remains free from injury  Free from injury  Injury \_\_\_\_\_

**AFFIX PATIENT INFO LABEL HERE**

Patient Name \_\_\_\_\_ MR# \_\_\_\_\_

**GOAL** Patient remains free of infection related to surgical intervention  
**PLAN/IMPLEMENTATION** Maintain asepsis of the surgical environment  
**SKIN PREPARATION** **SCRUB**  None  Betadine  Other \_\_\_\_\_  
**PAINT**  None  Betadine  Other \_\_\_\_\_  
**AREA SHAVED**  None  Site \_\_\_\_\_ by \_\_\_\_\_  
**DRAINS**  None  Type \_\_\_\_\_ Location \_\_\_\_\_  
**PACKING**  None  Type \_\_\_\_\_ Location \_\_\_\_\_  
**NG TUBE**  None  Salem Sump  Other \_\_\_\_\_ Location  Right Nostril  Left Nostril  Oral  
**FOLEY CATHETER**  None  Straight Catheter \_\_\_\_\_ Fr.  Foley \_\_\_\_\_ Fr. \_\_\_\_\_ Balloon  Arrived in OR with foley intact  
 Inserted by \_\_\_\_\_ Color \_\_\_\_\_ Amount \_\_\_\_\_ Foley removed in OR  No  Yes

MEDICATION	TIME	INITIALS

See Medication Sheet in Chart

**IMPLANTS**

Implants listed on the other side

**COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EVALUATION** Aseptic technique is maintained to prevent infection  Yes  No *Explain* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

POTENTIAL FOR INFECTION RELATED TO SURGICAL INTERVENTION

DISCHARGE

**PATIENT DISCHARGED TO**  PACU  DAR  SICU  OHRR  Home  
 Other \_\_\_\_\_  
**TRANSPORT**  Stretcher  Bed  Crib  Chair/Wheelchair  Ambulatory  O2 \_\_\_\_\_ Liters  
 Other \_\_\_\_\_  
 All infusion Lines & Monitors Intact  Yes  N/A  
 Oral & Written Post-Op Instruction Given  Yes  N/A  
**STATUS**  Awake  Alert  Drowsy  Agitated  Non-Responsive  Expired  
 Other \_\_\_\_\_  
 Report Given to \_\_\_\_\_ by \_\_\_\_\_ R.N.