

PERI-OPERATIVE RECORD

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AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

Date:	Patient in Room:	Anesthesia Start:	Time Out:	Procedure Start:
Suite #:	Patient out of Room:	Anesthesia Finish:		Procedure Finish:

Patient Identification: Verbal ID Band Verification of Operative Consent by Circulating RN
 Pre-Op Assessment reviewed by Circulating RN Pre-Op Checklist completed by Circulating RN
 H & P reviewed by Circulating RN Pre-Op Antibiotic: _____ *TIME Antibiotic*

Circulating RN Signature: _____ Time: _____ *Antibiotic Name* _____ *Started:* _____ *Completed:* _____

WOUND CLASS 1 (clean) 2 (clean / contaminated) 3 (contaminated) 4 (infected)
ANESTHESIA General Spinal MAC Local / Block Conscious Sedation
 BP & Pulse monitored by _____, RN O2 Saturation & EKG monitored by _____, RN
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): _____
 Fluids: _____ Solids: _____
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:	Surgeon:
Anesthesia Provider:	Assistant:
Other Personnel:	Other Personnel:

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POTENTIAL FOR INFECTION RELATED TO SURGICAL INTERVENTION

GOAL Patient remains free of infection related to surgical intervention.

PLAN / IMPLEMENTATION Maintain asepsis of the surgical environment

SOLUTIONS None Betadine Scrub Betadine Paint Hibiclens Technicare Duraprep
 Gelprep Other _____

AREA SHAVED None Other _____ by _____

PACKING None Type _____ Location _____

DRESSINGS Xeroform Steri-Strips 4 x 4s Fluffs ABD Webril / Softroll Ace Wrap
 Post-Op Shoe Sling Cast / Splint _____
 Other _____

POTENTIAL FOR FLUID IMBALANCE RELATED TO SURGICAL INTERVENTION

DRAINS None Type _____ Location _____

FOLEY CATHETER None Straight Catheter _____ Fr. Foley _____ Fr. _____ Balloon
 Inserted by _____ Color _____ Amount _____ Foley removed in OR: No Yes

BLOOD LOSS EBL _____ Blood Products given: No Yes (see **Anesthesia Record**)

MEDICATION / IRRIGATION / SITE

TIME

INITIALS

MEDICATION / IRRIGATION / SITE	TIME	INITIALS

IMPLANTS: Include manufacturer, serial number, lot number, size & location.

Additional Implants listed on **Progress Notes**

COMMENTS: _____

EVALUATION: Aseptic technique is maintained to prevent infection? Yes No Explain _____

DISCHARGE

PATIENT DISCHARGED TO PACU Phase II Other _____

TRANSPORT Stretcher / side rails UP Bed / side rails UP Chair / Wheelchair Ambulatory
 O2 _____ Liters Other _____

All infusion Lines & Monitors Intact: Yes N/A

ACCOMPANIED TO PACU BY MD RN Anesthesia Provider Other _____

STATUS Awake Alert Drowsy Agitated Intubated Other _____

REPORT GIVEN TO



_____ , RN

Print

By

Time