PERI-OPERATIVE RECORD

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AFFIX PATIENT INFO LABEL HERE

Patient Name_____ MR#____

Date:	Patient in Room:	Ane Star	esthesia rt:		Time Out:	Procedure Start:
Suite #:	Patient out of Room:	Ane Fini	esthesia sh:			Procedure Finish:
Patient Identification: Pre-Op Assessment H & P reviewed by 0	☐ Verbal ☐ ID Bate reviewed by Circulating For Circulating RN			ist complet	Consent by Circulating RN	9
Circulating RN Signature:		Time:				Started:
oignatare.			An	tibiotic Nar	me	Completed:
WOUND CLASS	☐ 1 (clean)	2 (clean / con	taminated)] 3 (contar	minated)	4 (infected)
ANESTHESIA	☐ General ☐	Spinal	☐ MAC ☐	Local / B	lock	Conscious Sedation
	☐ BP & Pulse monitore	ed by	, RN	O2 Satur	ation & EKG monito	red by, RN
LEVEL OF CONSCIOUS	SNESS Alert Other:	Oriented	Disoriente	ed 🗆	Drowsy / Sedated	Unconscious
EMOTIONAL STATUS	☐ Calm ☐	Cooperative	☐ Nervous		☐ Agitated	☐ Crying
PHYSICAL / SENSORY	DISABILITIES	None	Other:			
ALLERGIES	☐ None ☐	Other (specify	y):			
NPO AFTER MIDNIGHT	Yes 🗆	No (specify):				
	Fluids:					
SKIN CONDITION	☐ Intact where seen☐ Pink☐ Flushe		rm			ic Pale
PROSTHETIC DEVICES	S □ None □					
DISEASE HISTORY	☐ None ☐	Other (specify	y):			
PRE-OPERATIVE DIAG OPERATIVE PROCEDU POST-OPERATIVE DIA						
Surgeon:			Surgeon:			
Anesthesia Provider:			Assistant:			
Other Personnel:			Other Per	sonnel:		

PERI-OPERATIVE RECORD

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AFFIX PATIENT INFO LABEL HERE

Patient Name	MR#	
		/

SCRUB NURSE	ES	TITLE	IN	OUT	IN	OUT	CIRCULATING N	URSES (Signature	e) TITLE	IN	OUT	IN	OUT
		POT		MEGE	ANY	IHIV P	ELATED TO KNO	WI EDGE OF	DEFICIT				
224	D ::						ELATED TO KNO	WLEDGE OF	DEFICIT			.	
	Patient der				•		_						
PLAN / IMPLEMEN	TATION	_		ze noxio				Describe peri-o					
ATUED & AAME		Ш	Give C	iear, cor	icise ex	kplanatio	iis _	Remain with P	atient during inc	Juction			
OTHER & COMMEN	_												
EVALUATION	Patient ren			-									
	□`	res	∟ г	чо (ехріа	ain):								
							TO THE OPERA						
GOAL Patie	nt is free fr	om injury	related	to posi	tion, ch	nemical,	ohysical, thermal &	electrical hazard	ds: Patient's ski	n rema	ins intac	t.	
PLAN / IMPLEMEN	TATION	Posi	tioned b	ру:									
	Supine Other:	☐ Pror		☐ Jacl	kknife	l	Right Lateral	Left Lateral	Lithotom	y [Semif	owlers	
ARMS SECURED	Right	☐ Pade	ded arm	nboard /	less th	an 90°	☐ Tucked at side	Other:					
	Left	☐ Pade	ded arn	nboard /	less th	an 90°	☐ Tucked at side						
POSITIONING DEV		_					Donut under head		port under hea		☐ Pillow		
	.020				-		Foam Pa					411461	
☐ Pressure Areas		Stirr				gan			ey Braces		Hand	Table	
noted after positio	ning												
		☐ Neu	rologic	positioni	ng devi	ice:							
_	Monopolar None						Grounding						
TOURNIQUET	☐ None	☐ Yes	Site:			Pres	suremmHg	Inflate Rig	ght	Deflate	e Right _		
		Applie	d By: _					_ Inflate Let	ft	Deflate	e Left		
BAIR HUGGER	☐ None	☐ Mon	itored b	y Anestl	hesia H	leating L	nit #	Temperat	ure				
TED STOCKINGS		☐ Non	е	☐ Thig	h-high		Knee-high	Arrived with St	ockings				
SEQUENTIAL COM	IPRESSIO	N 🗆	None	П	Thiah-	high	☐ Knee-high	☐ Max Pres	sure 35-55 mm	Ha	Unit #		
	☐ None			☐ Fluo	•	•	☐ Shields for Pa			J			
SPECIMENS NO				SI	TE		SPECIMENS		ES		SITE		
Pathology							Cytology						
Microbiology]					COUNTS						
		PRE - C)P				CAVITY CLOSUF	RE	SK	IN CLOS	SURE / FII	NAL	
	orrect	incorre	ct	not requi	red	correc	t incorrect	not required	correct	inc	orrect	not re	equirec
Instruments Sponges					-+								
Sponges Sharps					-								
RN Ini	tials:		Ti	me:	R	N Initials:	l	Time:	RN Initials:			Time:	
In language court	ation (-1)		I					I.				1	
In incorrect count, a													
Evaluation: Patient	remains fr	ee from ii	njury		Free fi	rom injur	y 🔲 lnjury						

PERI-OPERATIVE RECORD

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AFFIX PATIENT INFO LABEL HERE

Patient Name_	 MR#

Patent remains free of infection related to surgical intervention. PLAN /IMPLEMENTATION
SOLUTIONS Gelprep Other Other Gelprep Other Othe
Gelprep Other
AREA SHAVED
PACKING
Name
Post-Op Shoe
Other POTENTIAL FOR FLUID IMBALANCE RELATED TO SURGICAL INTERVENTION
POTENTIAL FOR FLUID IMBALANCE RELATED TO SURGICAL INTERVENTION DRAINS
DRAINS
FOLEY CATHETER
Inserted by Color Amount Foley removed in OR: No Yes BLOOD LOSS Blood Products given: No Yes (see
BLOOD LOSS EBL Blood Products given: No Yes (see Aresthesia Record) MEDICATION / IRRIGATION / SITE INITIALS MEDICATION / IRRIGATION / IRRIGAT
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 DISCHARGE DISCHARGE PATIENT DISCHARGED TO PACU Phase II Other DISCHARGE DISCH
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The tree of the careful of the caref
☐ 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