

POTENTIAL FOR INFECTION: EXPECTED OUTCOME: DEPENDENT ON PHYSIOLOGICAL PRE-OP STATUS:

- NURSING INTERVENTIONS:**
- Pre-op assessment of skin integrity documented
 - Surgical conscience of team members maintained (masks and attire)
 - Aseptic technique maintained intra-op
 - Traffic kept to a minimum, doors closed
 - Pre-op antibiotics given as ordered
 - Skin prep/shave done per policy
 - No pre-op antibiotics ordered

PATIENT WILL BE INFECTION FREE FOLLOWING THE PROCEDURE.

Skin shave: NONE

Done By: _____

Irrigation: Type: _____
Medication: _____

NONE

Prep: NONE

Betadine Duraprep Alcohol

Other: _____

Site(s): _____

Done By: _____

PRIORITY

NOTES: _____

POTENTIAL FOR INJURY RELATED TO POSITIONING, EXTRANEOUS OBJECTS, CHEMICAL PHYSICAL AND ELECTRICAL HAZARDS. EXPECTED OUTCOME: DEPENDENT ON THE PRE-OP PHYSIOLOGICAL STATUS, PATIENT WILL REMAIN INJURY FREE.

- NURSING INTERVENTIONS:**
- Counts done per GWOR Policy
 - Equipment checked pre-operatively
 - OR Table locked
 - Medications administered per GWOR Policy
- PRIORITY

Ted Hose: NONE

Thigh Knee

Right Left

SCD's: NONE

Thigh Knee Left

Set at _____ mmHg intermittently

Positioning Monitored by Circulation RN:

Supine Prone Frog-leg Beach chair (R) (L) Lateral decubitus Jackknife Lithotomy Sitting

Positional Aides:

Blanket Donut Pillow Towel Sheet Foam padding Toboggan Wilson frame Adhesive tape Chest roll(s)

Horseshoe headrest Lateral support(s) 3-Point skeletal Shoulder roll(s) Bean bags Cervical traction

Sandbags Shoulder traction Fracture table Jelly pad Kidney rest Flank roll Axillary roll

Arm secured at () Right () Left side

Arm secured on () Right () Left armboard

Arm secured on () Right () Left elevated armboard

Arm secured across () Right () Left chest

Safety strap secured - Location: _____

Stirrups: Allen type Candy cane
 Knee crutch Price

Other: _____

NOTES: _____

Time Out Performed (time): _____

Correct Patient Correct procedure Correct side and/or site Correct patient position

Correct implants/special equipment are available OR N/A All information was verified and all in attendance are in agreement

Attendees: Anesthesiologist Surgeon
 Assistant Nurse Other _____

Procedure Started (time): _____

Cautery: NONE

Bipolar Serial # _____ Setting: _____

Monopolar: Serial # _____ Pad Site: _____
Settings: Cut: _____ Coag: _____ Applied By: _____

Serial # _____ Pad Site: _____
Settings: Cut: _____ Coag: _____ Applied By: _____

Argon Beam Serial # _____ Pad Site: _____
Coagulator Settings: _____ Coag: _____ Applied By: _____

See second page #2 for intra-operative position change - reprep & redrape NOTES: _____

Medication on field:	Medication	Dose	Route / Site	Given by
<input type="checkbox"/> NONE	_____	_____	_____	_____
	_____	_____	_____	_____

Tourniquet: NONE

Leg: right left Arm: right left

Leg: right left Arm: right left

psi: _____ mmHg psi: _____ mmHg

Time inflated: _____ Time deflated: _____

Time inflated: _____ Time deflated: _____

Applied by: _____

G.U. Catheters: NONE

Foley I & O Cath. From Nursing Unit

Inserted by: _____ cc in bag

Type and Size: _____

Amount Returned: _____ Time: _____

Color of urine: Removed in OR: Intact

Clear Dk. Amber Cloudy
 Pink Clots Red
 Yellow Other: _____

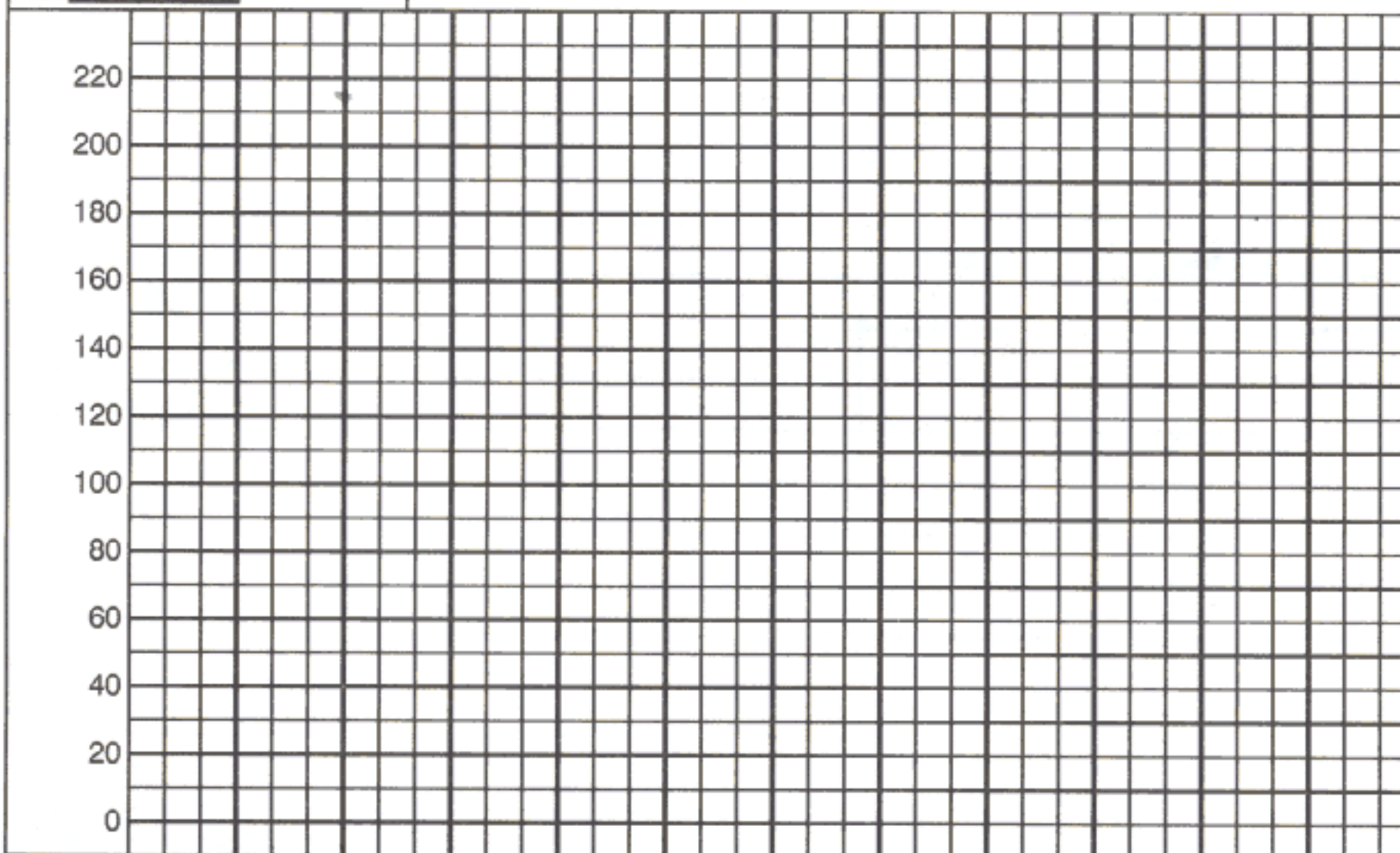
RN Signature: _____ Date: _____ Time: _____

RN Signature: _____ Date: _____ Time: _____

Patient Label

PERIOPERATIVE NURSING RECORD ASSESSMENT AND PLAN OF CARE

Local Monitoring NONE Codes: Blood pressure • Pulse Respiration



Temp. _____
 O₂ SAT _____
 Time: _____

NOTES: _____

Immobilizer:
 NONE Type: _____
 Location: _____

Cast:
 NONE Type: _____
 Location: _____

Drains NONE

Size	Location
<input type="checkbox"/>	Foley (not G.U.) _____
<input type="checkbox"/>	Penrose _____
<input type="checkbox"/>	Hemovac _____
<input type="checkbox"/>	Jackson Pratt _____
<input type="checkbox"/>	Chest tube _____
<input type="checkbox"/>	Salem sump _____
<input type="checkbox"/>	Jejunostomy tube _____
<input type="checkbox"/>	Red rubber _____
<input type="checkbox"/>	Blake drain _____
<input type="checkbox"/>	Triple lumen _____
<input type="checkbox"/>	Reinfusion _____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Esmark: (as tourniquet)
 NONE Location: _____ Time On: _____
 Applied by: _____ Time Off: _____

Packing:
 NONE Type: _____
 Location: _____

Prior to Discharge from O.R.: Unit Receiving Patient Notified
 PACU ICU Nursing Unit : _____

Transported by:
 RN Anesthesiologists CRNA Surgeon Resident Student Stretcher / Rails Up Patient Intubated : _____

Local only patients: Patient Ambulatory
 Discharged Home
 Discharge Instructions given
 Rx given by _____

NOTES: _____

Patient outcomes met during the intraoperative period:

1. Skin condition at ground pad site unchanged.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
2. Patient's skin integrity maintained.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
3. Patient free from any retained foreign object, unless deliberately placed.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
4. Patient remains injury free. <input type="checkbox"/> Assessment incomplete, patient still <input type="checkbox"/> sedated/ <input type="checkbox"/> intubated.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET

Explanation of Variance:

RN Signature: _____ Date: _____
 RN Signature: _____ Date: _____

Patient Label

**PERIOPERATIVE NURSING
 RECORD ASSESSMENT AND
 PLAN OF CARE**

Date:		Room No.:		Journal #: (For official use)		Anesthesia Method:		<input type="checkbox"/> General (Mask/ET) (Gen)		<input type="checkbox"/> Local (Local)		<input type="checkbox"/> Regional/General (Gen/Re)	
						<input type="checkbox"/> MAC		<input type="checkbox"/> Regional Block (Reg/Blk)					
Sched. Start:	Sched. End:	Delay Code:	Patient in Room:	Anesthesia Began:	Type of Case:			Patient Type:			Wound Classification:		
					<input type="checkbox"/> Emergency (1)			<input type="checkbox"/> Inpatient (IP)			<input type="checkbox"/> Clean (01)		
Operation Began:	Closure Began:	Operation Ended:	Patient Left Room:	Unplanned * return to O.R.:	<input type="checkbox"/> Sched/Elec. (2)			<input type="checkbox"/> I & O (Out)			<input type="checkbox"/> Clean/Contam. (02)		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Urgent (3)			<input type="checkbox"/> SDA/Ext. (Same)			<input type="checkbox"/> Contaminated (03)		
								<input type="checkbox"/> ER (ER)		<input type="checkbox"/> Dirty (04)			

Personnel:	RN	Time In:	Time Out:	Time In:	Time Out:	Time In:	Time Out:
Anesthesiologist:							
Anes. Resident/CRNA:							
Surgeon:							
1st Assistant:							
2nd Assistant:							
Student/Sterile Observer:	Scrub	Time In:	Time Out:	Time In:	Time Out:	Time In:	Time Out:
Other:							
Perfusionist:							
Operative Report to be Dictated by:							

Preoperative Diagnosis: _____

Postoperative Diagnosis: _____

Procedure: _____

Counts:	Initial		RN			Scrub			Closing			RN			Scrub			Final			RN			Scrub			Emergency Precount Done By:
			C	I	N				C	I	N				C	I	N										
	Sponges:	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
	Sharps:	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
Instruments:	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/				

C = Correct
I = Incorrect
N = None

Specimens: NONE

Pathology/permanent - specimens sent X _____ Microbiology - specimens sent X _____ Other specimens: _____

Pathology frozen section - specimens sent X _____ Cytology - specimens sent X _____

Implants: None

Qty.	Manufacturer	Implant	Size	Catalog #	Lot #	Serial #	Site

RN Signature: _____ Date: _____

RN Signature: _____ Date: _____

Patient Label

INTRA-OPERATIVE NURSING RECORD

DELAY CODES & DESCRIPTION

AA: ANES INDUCTION IN OTHER ROOM
 AC: NO ANESTHESIA CONSENT
 AI: ANES INDUCTION/PREP > 15 MIN
 AL: ANESTHESIA LATE
 AU: ANES STAFF/ATTEND UNAVAILABLE
 BU: BLOOD NOT AVAILABLE
 CC: ORDER OF CASES CHANGED
 CN: PRE-OP CLEARANCE NEEDED
 DP: DISPOSITION PROBLEM
 EA: EMERGENCY ADMISSION/CASE
 EI: EVALUATION INCOMPLETE
 EU: EQUIPMENT UNAVAILABLE/FAILURE
 EV: ENVIRONMENTAL: RM TOO HOT/COLD
 HD: HOUSEKEEPING DELAY
 LL: LAB WORK UNAVAILABLE
 LU: LAB UNACCEPTABLE
 NC: NO SURGICAL CONSENT
 NL: NURSING STAFF LATE/NOT READY
 NR: PATIENT NOT READY
 NS: PATIENT NOT SEEN IN PASS UNIT
 ON: ADD-ON DONE BEFORE SCHED, CASE
 PB: PATIENT ATE
 PA: PREVIOUS CASE LATE BY OTHER DR.
 PC: PREVIOUS CASE LATE BY SAME DR.
 PE: PRE-ANESTHETIC EVAL INCOMPLETE
 PL: PATIENT LATE
 PM: MEDICATIONS NEEDED PRE-OP
 PR: WAIT FOR SECOND DR. REFERRAL
 PS: PATIENT SICK
 PU: PT COULDN'T BE LOCATED INHOUSE
 PW: IN SRA > 30 MIN BEFORE CALL 2 OR
 RC: ROOM NUMBER CHANGED
 RR: NO SPACE IN RECOVERY ROOM
 RU: ROOM NOT AVAILABLE/NOT READY
 SL: SURGEON LATE
 ST: SURGEON CHANGED CASE
 SU: SURGEON/ASSISTANT UNAVAILABLE
 TL: TRANSPORTATION DELAY
 UW: WEATHER CONDITIONS UNFAVORABLE
 WC: WAIT FOR CONSULT/SURG. MARKING
 WF: WAIT FOR FAMILY
 WU: WORK-UP INCOMPLETE BY SURGEON
 XR: X-RAYS UNAVAILABLE
 XP: X-RAY PERSONNEL UNAVAILABLE
 XR: X-RAYS NEEDED IMMED. PRE-OR

CANCELLATION CODES & DESCRIPTION

2L: TO LATE IN DAY
 AC: NO ANESTHESIA CONSENT
 AD: ALREADY DONE
 AL: ABNORMAL LAB FINDINGS
 AU: ANESTHESIA UNAVAILABLE
 CS: CANCEL PER SURGEON REQUEST
 DB: CASE DUPLICATED/DOUBLE BOOKED
 DU: PATIENT CHOSE ANOTHER DOCTOR
 EC: EMERGENT CASE NEEDS TO BE DONE
 EU: EQUIPMENT/SUPPLIES UNAVAILABLE
 FP: FAILED PRE-OP CLEARANCE
 IX: INSURANCE PATIENT WONT PAY
 NA: SURGERY NOT NECESSARY
 NB: NO BED
 NC: NO SURGICAL CONSENT
 NL: NO LAB WORK
 NS: NO SHOW
 NT: NO TRANSPORTATION TO HOSPITAL
 NU: NURSING STAFF UNAVAILABLE
 PB: PATIENT ATE
 PD: PATIENT WANTS TO DELAY SURGERY
 PH: PATIENT REFUSED HOSPITAL
 PP: PATIENT PREGNANT
 PR: PATIENT REFUSED
 PS: PATIENT SICK
 RC: CASE DONE OUTSIDE OF OR SUITES
 RU: ROOM UNAVAILABLE
 SD: SURGEON WANTS TO DELAY SURGERY
 SO: PT WANTS SECOND OPINION
 SS: SURGEON SICK
 SU: SURGEON/ASSISTANT UNAVAILABLE
 UW: WEATHER CONDITIONS UNFAVORABLE
 WH: WRONG/CHOSE ANOTHER HOSPITAL
 WU: WORK-UP NOT COMPLETE/FAILED

★
 "UNPLANNED RETURN": (Prior to discharge) An urgent or emergent return to the operating room.

Patient Label

INTRA-OPERATIVE NURSING RECORD