HOSPITAL

INTRAOPERATIVE NURSING RECORD

DATE _____ ROOM # _____

PATIENT IN _____ ANES INDUCTION _____ SURG START _____

PATIENT OUT _____ ANES END IN OR _____ SURG STOP _____

PATIENT TYPE: ☐ INPATIENT ☐ OUT PATIENT ☐ AM ADMIT
☐ SCHEDULED ☐ ON CALL ☐ EMERGENCY

PT VERIFICATION ☐ VERBAL ☐ ID BAND

NURSING DIAGNOSIS: POTENTIAL FOR KNOWLEDGE DEFICIT

	YES	NO
ACKNOWLEDGEMENT OF CONSENT	☐	☐
PATIENT CONFIRMS SURGICAL SITE	☐	☐
ORIENTED TO ENVIRONMENT	☐	☐
ORIENTED TO PROCEDRUAL ACTIVITIES	☐	☐

NURSING DIAGNOSIS: POTENTIAL FOR DEFICIT IN COPING

☐ COOPERATIVE ☐ TALKATIVE
☐ CONFUSED ☐ RESTLESS
☐ UNCOOPERATIVE ☐ UNRESPONSIVE
☐ CRYING ☐ OTHER
☐ COMBATIVE ☐ _____
☐ DROWSY _____

• OPERATIVE SITE SIGNED BY MD YES☐ N/A☐
• OPERATIVE SITE VERIFIED BY BY RN,AND SURGEON YES☐

ANESTHESIA ☐ GEN ☐ IV REGIONAL ☐ EPIDURAL ☐ SPINAL ☐ MAC ☐ S/A
☐ LOCAL** ☐ OTHER _____

ANESTH I _____ _____
SURGEON I _____ _____
ASSIST I _____ _____

CIRCULATOR
1 _____
2 _____
3 _____

SCRUB
1 _____
2 _____
3 _____

PATIENT IDENTIFICATION

MEDICATIONS: (NOT GIVEN BY ANESTHESIOLOGIST) ☐ NONE

_____
_____
_____

IRRIGATIONS: ☐ NONE

_____
_____

SPECIMENS:
CULTURES: ☐ NONE ☐ YES # _____

CYTOLOGY: ☐ NONE ☐ YES # _____

TISSUES:
FROZEN SECTION: ☐ NONE ☐ YES # _____
☐ TO X-RAY ☐ TO PATHOLOGY

PERMANENT: ☐ NONE ☐ YES # _____
☐ TO X-RAY ☐ TO PATHOLOGY

PRE-OP DIAGNOSIS:

OPERATION PERFORMED:

POST-OP DIAGNOSIS:

X-RAYS TAKEN DURING PROCEDURE: ☐ N/A ☐ C-ARM ☐ PORTABLE

LASER: ☐ N/A ☐ STANDBY ONLY ☐ YES TYPE: _____
SER # _____ OPERATOR _____

HYSTEROSCOPY FLUID ☐ SALINE ☐ GLYCINE AMT IN: _____ AMT OUT _____

IMPLANTS: ☐ N/A ☐ YES

BONE CEMENT BATCH # _____ EXP _____

WOUND CLASS ☐ I-Clean ☐ II-Clean/Contaminated ☐ III-Contaminated ☐ IV-Dirty ☐ N/A-No wound

NURSING DIAGNOSIS: POTENTIAL FOR INFECTION

SKIN PREP: ☐ N/A ☐ YES
SHAVE PREP: ☐ RAZOR ☐ CLIPPER ☐ N/A
☐ AREA PREPPED _____
☐ PROVIDONE IODINE ☐ PHISOHEX ☐ OTHER _____
PREPPED BY: _____
SKIN CONDITION POST-OP: ☐ CLEAR ☐ OTHER _____

URINARY DRAINAGE
☐ N/A ARRIVED WITH FOLEY ☐ YES
☐ STRAIGHT CATH _____ FR BY _____ AMT _____
COMMENTS: _____
☐ SUPRA PUBIC CATHETER _____ fr _____
☐ FOLEY _____ fr _____ cc INSERTED BY: _____ AMT _____
COMMENTS: _____

	NONE	INSERTED	REMOVED	TYPE/SIZE	LOCATION
DRAINS					
PACKING					

NURSING DIAGNOSIS. POTENTIAL FOR INJURY

CAUTERY:
☐ N/A ☐ MONOPOLAR GROUND PAD ☐ ADULT ☐ PEDS
PAD PAD
LOCATION 1: _____ LOCATION 2: _____
UNIT #1: _____ UNIT #1: _____
COAG _____ CUT _____ COAG _____ CUT _____
SKIN CONDITION POST-OP ☐ CLEAR: OTHER: _____
☐ BIPOLAR
SER #: _____ COAG: _____

SEQUENTIAL STOCKINGS: ☐ N/A ☐ YES ☐ SER #: _____
SETTING: _____ APPLIED BY OR CHECKED BY _____
ANTIEMBOLISM STOCKINGS: ☐ N/A ☐ KNEE-HI ☐ THIGH-HI

WHITE COPY: PATIENT COPY YELLOW COPY: DEPARTME

NURSING DIAGNOSIS: POTENTIAL FOR INJURY RELATED TO INTRA OPERATIVE HAZARDS

COUNTS	PRE-OP COUNTY BY:	CLOSING COUNT	FINAL COUNT	IF UNRESOLVED: X-RAY TAKEN ☐ YES ☐ NO
	S _____	S _____	S _____	
	C _____	C _____	C _____	
	SPONGE ☐ N/A	☐ CORRECT ☐ UNRESOLVED	☐ CORRECT ☐ UNRESOLVED	RESULTS: _____
	SHARP: ☐ N/A	☐ CORRECT ☐ UNRESOLVED	☐ CORRECT ☐ UNRESOLVED	
	INSTRUMENT ☐ N/A	☐ CORRECT ☐ UNRESOLVED		

TOURINQUET ☐ N/A ☐ YES

SER# _____ SER# _____

LOCATION #1: _____ 2#: _____

APPLIED BY: _____

1 UP _____ DOWN _____ SETTING _____ ___mmHg

2 UP _____ DOWN _____ SETTING _____ ___mmHg

SKIN CONDITION POST-OP ☐ CLEAR OTHER: _____

NURSING DIAGNOSIS: POTENTIAL FOR HYPOTHERMIA

WARMING LIGHTS: ☐ N/A ☐ YES ☐ SER# _____

WARMING PAD: SER# _____

☐ N/A ☐ YES TIME/SETTING _____

APPROVED BY: _____

CELL SAVER: ☐ N/A ☐ YES AMOUNT RETURNED TO PATIENT _____

CELL SAVER OPERATOR (OTHER THAT CIRCULATING NURSE) _____

POSITIONS:
- ☐ SUPINE
- ☐ PRONE
- ☐ JACKNIFE
- ☐ LATERAL ☐ RT ↑ ☐ LT ↑
- ☐ SEMI FOWLER
- ☐ LITHOTOMY
  - ☐ ALLEN STIRRUPS
  - ☐ SLING STIRRUPS

OTHER _____

POSITION VERIFIED BY: _____

ARMS:	LEFT	RIGHT
SIDE		
BOARD		
ANGLE		

POSITIONED ACCORDING TO POLICY

POSITIONAL AIDS: ☐ NONE
- ☐ AXILLARY ROLL
- ☐ SAFETY STRAP
- ☐ DONUT
- ☐ SHOULDER ROLL
- ☐ KIDNEY REST
- ☐ BEAN BAG
- ☐ CERVICAL TRACTION ___ lbs
  - ☐ MAYFIELD
  - ☐ GARDNER-WELLS
- ☐ FOAM PADDING _____
- ☐ SAND BAG _____
- ☐ MAYFIELD POINTS
- ☐ PILLOWS
- ☐ LAMINECTOMY FRAME
  - TYPE _____
- ☐ LEG STABILIZER
- ☐ SHOULDER HOLDER
- ☐ ENT HEAD HOLDER
- ☐ FRACTURE TABLE (TYPE):

EQUIPMENT: ☐ NONE
- ☐ ARTHROSCOPY PUMP
  - SER # _____
- ☐ CDIS PUMP
  - SER # _____
- ☐ CEMENT MIXER
- ☐ COLPOSCOPE
- ☐ DOPPLER
- ☐ HARMONIC SCALPEL
  - SER # _____
- ☐ INSUFFLATOR
  - SER # _____
- ☐ MICROSCOPE
- ☐ NERVE STIMULATOR
- ☐ PULSAVAC
- ☐ SMOKE EVACUATOR
- ☐ SUCTION CURETTAGE MACHINE
- ☐ IRRIGATION/ASPIRATION
- ☐ ENDOSCRUB
- ☐ OTHER _____

Surgical Simplex® P
Radiopaque Bone Cement
Distributed by:
Stryker® Howmedica Osteonics Mahwah, NJ
Full Dose
REF 6191 1 001
LOT RCM058

USES ONLY:

O_2SAT: ☐ NO ☐ YES

_____ ___ LITERS/MIN

_____

S TYPE: _____

ID AMOUNT: _____

TIME	BP	P	O_2SAT

ADDITIONAL NOTES:

SKIN CLOSURE
- ☐ NONE
- ☐ SUTURE
- ☐ STAPLES

DRESSINGS: ☐ N/A ☐ 4 X 4
- ☐ STERI-STRIPS ☐ ABD PAD
- ☐ TELFA / 4 X 4 ☐ BANDAIDS
- ☐ [illegible] / 4 X 4 ☐ ACE WRAP

- ☐ CERVICAL COLLAR ☐ CAST - SPLINT ☐ POST-OP BRA ☐ "HOT ICE" PAD
- ☐ ABDUCTION PILLOW ☐ CAST (LONG,SHORT) ☐ POST-OP SHOE LOCATION ___
- ☐ KNEE IMMOB ☐ OSTOMY BAG ☐ JOBST DSG ☐ ELASTOPLAST
- ☐ SHOULDER IMMOB. ☐ NASAL SPLINT ☐ TRANSPARENT DSG ☐ OTHER

EVALUATION:
- ☐ NO KNOWN POTENTIAL FOR INFECTION RELATED TO INTRAOPERATIVE CARE
- ☐ SKIN INTEGRITY MAINTAINED
- ☐ NO INTRAOPERATIVE INJURY NOTED
- ☐ BODY TEMP MAINTAINED

OTHER _____

DISCHARGE TO:
- ☐ PACU
- ☐ ASD
- ☐ PT. ROOM
- ☐ CRITICAL CARE
- ☐ HOME
- ☐ OTHER: _____

STATUS ON TRANSFER FROM DEPARTMENT:
☐ AWAKE ☐ UNRESPONSIVE ☐ INTUBATED ☐ _____

TRANSPORTED BY:
☐ STRETCHER ☐ BED ☐ CRIB ☐ WHEELCHAIR ☐ AMBULATORY

SIGNATURE: CIRCULATING NURSE RESPONSIBLE FOR THIS REPORT