PREOPERATIVE PATIENT ASSESSMENT

The patient demonstrates knowledge of physiological/psychosocial responses to surgery and participates in the rehabilitation process

Interpreter / Translator Utilized? ☐ Yes ☐ No

Language Interpreted/Translated:

Name of Interpreter / Translator:

ALLERGIES:

PRE VERIFICATION PROCESS: ☐ Patient Identification Verified ☐ Procedure / Consent Verified ☐ Operative Site / Marking Verified

X-RAYS/DIAGNOSTIC STUDIES AVAILABLE: ☐ NO ☐ YES ☐ N/A

BLOOD AVAILABLE: ☐ No ☐ Yes ☐ N/A R# PRODUCT

Notations:

ASA Classification:

I II III IV V VI

TRANSFER TO OR VIA: ☐ Stretcher w/safety strap ☐ Bed ☐ W/C ☐ Ambulatory ☐ Carried

INTRAOPERATIVE PATIENT CARE

The patient will be protected from infection

Pre-op Diagnosis:

Surgical Procedure:

Post-op Diagnosis:

Confirmation indicated by a check mark (✓) in the box.	Patient, Procedure & Site Confirmed	Confirmation indicated by a check mark (✓) in the box.	Patient, Procedure & Site Confirmed	Confirmation indicated by a check mark (✓) in the box.	Patient, Procedure & Site Confirmed
Surgeon #1	☐	Scrub #1	☐	Circulating Nurse #1	☐
Surgeon #2	☐	Scrub #2	☐	Circulating Nurse #2	☐
Assistant	☐	Laser Operator, TBL, X-Ray Tech, Rep, Cell Salvage Operator, etc.			
Anesthesiologist	☐				

OPERATING ROOM #:	Patient In Room:	Procedure Start Time(s): ① ② ③	Procedure Finished (PF): ① ② ③	Patient Out of Room:

TEMP	HUMIDITY

DATE

SITE VERIFICATION COMPLETE: (This verification must be completed on ALL procedures. (This verification must be confirmed on ALL procedures by all staff)
YES ☐ NO ☐ Signature:

TYPE OF ANESTHESIA:
☐ Block ☐ General ☐ Local ☐ NA
☐ Epidural ☐ IV Med ☐ Mac ☐ Regional ☐ Spinal

WOUND CLASSIFICATION:
None I II III IV

OPERATING ROOM NURSING RECORD

INTRAOPERATIVE PATIENT CARE (CONTINUED)

The patient will be protected from infection (cont'd)

PREP: ☐ N/A ☐ Betadine liquid gel / spray ☐ Chlorhexidene ☐ Phisohex ☐ Other_____ | By Whom:_____ | Site: _____

IMPLANTS/DEVICES (ITEM, MANUFACTURER, MODEL #, SERIAL #, LOT #) - AFFIX LABELS TO BACK OF FORM

The patient will be protected from injury R/T positioning, chemical, physical, and electrical hazards

Position: ☐ Supine ☐ Lithotomy ☐ Prone ☐ Lateral R L DOWN

R L arm secured at side/appropriate anatomical position
R L arm secured on padded armboard/appropriate anatomic
R L arm secured on chest in appropriate anatomical location

Aids:

- ☐ Safety strap
- ☐ Chest roll
- ☐ Auxiliary/Shoulder roll
- ☐ Lumbar frame_____
- ☐ Kidney braces
- ☐ Mayfield
- ☐ Pillow/blankets/gel pad
- ☐ Stirrups _____
- ☐ Bean bag
- ☐ Other_____
- ☐ Body-alignment positioning checked by: _____

OR TABLE: | INTRAOP IMAGING: ☐ No ☐ Yes ☐ C-Arm

LASER

☐ N/A CE # _____
☐ KTP ☐ YAG ☐ CO_2
☐ Other _____

ESU CE # | Pad Site Check
Pad Site | Applied by

Equipment
Type _____ CE# _____

Equipment
Type _____ CE# _____

Tourniquet ☐ N/A | Setting
CE #

Site | Applied by
Inflated Time | Deflated Time

Warming Devices
☐ No ☐ Yes CE # _____
Type

Compression Sleeve / Foot Pump
☐ No ☐ Yes CE # _____

SPECIMEN(S) (ORIGIN, #, DISPOSITION)

Patient's fluid and electrolyte balance will be maintained

BLOOD ☐ No ☐ Yes | AUTOTRANSFUSION ☐ No ☐ Yes | ☐ EBL _____ mL ☐ N/A

CATHETER | INSERTED BY | URINE OUTPUT ☐ N/A

DRAIN(S)

PACKING

DRESSING / TAPE

COUNTS:
☐ Sponges ☐ Sharps ☐ Instruments

1st Count _____
2nd Count _____
3rd Count _____
Final Count _____
Resolved? ☐ Yes ☐ No

MEDICATIONS/LOCAL

NOTATIONS:

EVALUATION OF PERIOPERATIVE PATIENT CARE

APPARENT BREAK IN STERILE TECHNIQUE ☐ No ☐ Yes	APPARENT INJURY R/T POSITIONING ☐ No ☐ Yes	APPARENT BREAK IN SKIN INTEGRITY ☐ No ☐ Yes	APPARENT DISCREPANCY IN FLUID/ ELECTROLYTE BALANCE ☐ No ☐ Yes

DISCHARGED TO: ☐ PACU ☐ SDS ☐ ICU ☐ HOME ☐ RN UNIT

TO NURSING UNIT VIA ☐ STRETCHER ☐ BED ☐ W/C ☐ AMBULATORY

DISPOSITION OF PATIENTS BELONGINGS N/A ☐
Type: _____
Received By: _____

DISPOSITION OF X-RAYS ☐ N/A

M.D.	PATIENT	TECH	BOX
☐ Pre ☐ Int	☐ Pre ☐ Int	☐ Pre ☐ Int	☐ Pre ☐ Int

INTUBATED ☐ No ☐ Yes

Report Given to _____ RN

Report Given by X _____ RN

POST ANESTHESIA STATUS

☐ Alert ☐ Oriented ☐ Responsive ☐ Sedated ☐ Confused ☐ Unresponsive ☐ O_2 Transport ☐ Accompanied by Anesthesiologist

Hospital

OPERATING ROOM NURSING RECORD