

# UNIVERSITY OF MEDICAL CENTER / HOSPITAL

DEPARTMENT OF NURSING

## PERIOPERATIVE RECORD

GENERAL CASE DATA																																																																																															
OR SUITE			PROCEDURE START DATE			END DATE																																																																																									
CANCELLATION REASON <sup>1</sup>		CASE TYPE <input type="checkbox"/> EMER <input type="checkbox"/> ELEC <input type="checkbox"/> URG		PATIENT TYPE <input type="checkbox"/> EAD <input type="checkbox"/> IP <input type="checkbox"/> SDA <input type="checkbox"/> <del>SP</del> <input type="checkbox"/> PLA		ADD ON <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																									
ACTUAL PROCEDURE(S)																																																																																															
DIAGNOSIS <u>LPABOP</u>				POSTOP																																																																																											
SERVICE <sup>2</sup>				ANESTHESIA TYPE <sup>3</sup>		CLASS (CIRCLE ONE) 1 2 3 4 5 E																																																																																									
SURGEONS AT				ANESTHESIOLOGISTS AT																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NURSING STAFF - NAME</th> <th style="width: 10%;">ROLE</th> <th style="width: 10%;">START</th> <th style="width: 10%;">END</th> <th style="width: 30%;">NURSING STAFF - NAME</th> <th style="width: 10%;">ROLE <sup>4</sup></th> <th style="width: 10%;">START</th> <th style="width: 10%;">END</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								NURSING STAFF - NAME	ROLE	START	END	NURSING STAFF - NAME	ROLE <sup>4</sup>	START	END																																																																																
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PROCEDURE TIME - SHIFT <sup>5</sup>																																																																																															
CASE DELAY <sup>6</sup> (USE SCHEDULED TIME FROM POSTER, I.E. TIME PATIENT ENTERS OR). USE UP TO 3 REASONS, ENTER TIME IN MINUTFS.																																																																																															
#1 CODE		TIME		#2 CODE		TIME																																																																																									
#3 CODE		TIME		#3 CODE		TIME																																																																																									
CASE TIMES - ACTUAL																																																																																															
START		(PT. IN ROOM) END		ANESTHESIA INDUCTION		READY FOR TRANSPORT OUT OF OR																																																																																									
PUMP START		END		PREP		DRAPES APPLIED																																																																																									
OPERATION INCISION		DRESSING APPLIED OR SURGERY ENDS		PATIENT SENT NA LEAVES TO PICK UP PT.		NA ARRIVES AT OR WITH PT.																																																																																									
TIME POSTED		WOUND CLASS <sup>7</sup>			NO. OF PROCEDURES																																																																																										
RN SIGNATURE																																																																																															

