### PHYSICAL ASSESSMENT RECORD

**SKIN:**

**RESPIRATIONS:**

**NEURO STATUS:**

**GENITO URINARY/GASTROINTESTINAL:**

**VASCULAR ACCESS:**

<table>
<thead>
<tr>
<th>IV?</th>
<th>Arterial Line?</th>
<th>Central Line?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arm:</td>
<td>Radial:</td>
<td>Umbilical:</td>
</tr>
<tr>
<td>Hand:</td>
<td>Posterior Tibial:</td>
<td>Fetal:</td>
</tr>
<tr>
<td>Foot:</td>
<td>Umbilical:</td>
<td>Pedal:</td>
</tr>
<tr>
<td>Scalp:</td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Umbilicus:</td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>

**ALLERGIES:**

**INTRAOPERATIVE CARE PLAN/PROTOCOL IMPLEMENTED - CONSENT & LAB ON CHART.**

**INTRAOPERATIVE RECORD**

- **Transport Via:**
- **Identified By:**
- **Cancel Reason:**
- **Patient To Room:** 07:35
- **Patient Out Of Room:** 21:23

**Anesthetic:**

<table>
<thead>
<tr>
<th>Class:</th>
<th>Type of Surgery:</th>
</tr>
</thead>
</table>

**Medications**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>ce</td>
<td>ce</td>
</tr>
<tr>
<td>ce</td>
<td>ce</td>
</tr>
<tr>
<td>ce</td>
<td>ce</td>
</tr>
</tbody>
</table>

**PRE-COUNT?**

- **By 1 Scrub:**
  - Circ.:  
- **2nd Scrub:**
  - Circ.:  
- **3rd Scrub:**
  - Circ.:  

**SPONGE COUNT?**

- **1st Scrub:**
  - Circ.:  
- **2nd Scrub:**
  - Circ.:  
- **3rd Scrub:**
  - Circ.:  

**STATUS**

FORM NO. 486 (7/96)
<table>
<thead>
<tr>
<th>Date:</th>
<th>Patient Room No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med. Rec. No.:</td>
<td></td>
</tr>
<tr>
<td>Pt. Name:</td>
<td></td>
</tr>
<tr>
<td>Birthdate:</td>
<td></td>
</tr>
<tr>
<td>Physician:</td>
<td></td>
</tr>
<tr>
<td>Pt. Account No.:</td>
<td></td>
</tr>
<tr>
<td>O.R. Room No.:</td>
<td></td>
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</tbody>
</table>

**MEDICAL STAFF:**

- Anesthesia:
- Res./CRNA:

**OR STAFF:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>In</th>
<th>(Relief)</th>
<th>Out</th>
</tr>
</thead>
</table>

**Position:**

- Aides:

**CAUTERY**

- Type:
- Machine No.:
- Plate Site:
- Applied By:
- Plate Removed By:
- Skin Condition:
- LASER:
- MODE:
- WATT:

**PREP:**

- BET/DURA

**ADDITIONAL EQUIPMENT**

- F.O. INSTRUMENTS
- BURR
- SUCTION IRIGATOR
- BAIR HUGGER

**DRAINS?**

<table>
<thead>
<tr>
<th>Type</th>
<th>Location</th>
<th>By</th>
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Form No. 486 (7/96)
<table>
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<tr>
<th>Description</th>
<th>Mfr.</th>
<th>Catalog No.</th>
<th>Lot No.</th>
<th>Qty</th>
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</thead>
</table>

**MEMORIAL HOSPITAL**

**OPERATING RECORD 351**

**IMPLANT INFORMATION**

**Date:**

**Med. Rec. No.:**

**Pt. Name:**

**Birthdate:**

**Physician:**

**Pt. Account No.:**

**O.R. Room No.:**

**Patient Room No.:**

**Sex:** F  

**Adm Date:**
**Operative Procedure:**

**No. of Procedures:**

**Start:**

**End:**

**Preop Diagnosis:**

**Wound Class:**

**Surgeon:**

**Role:**

**Specimen:**

**NONE**

**CPT Codes:**

**Operative Procedure:**

**Start:**

**End:**

**Preop Diagnosis:**

**Wound Class:**

**Surgeon:**

**Postop Diagnosis:**

**Scoliosis**

**Specimen:**

**CPT Codes:**
## OPERATING RECORD

<table>
<thead>
<tr>
<th>Procedure Information</th>
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<tbody>
<tr>
<td>Operative Procedure</td>
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</tr>
<tr>
<td>Start:</td>
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<td>End:</td>
<td></td>
</tr>
<tr>
<td>Preop Diagnosis:</td>
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<tr>
<td>Wound class:</td>
<td>Surgeon</td>
<td>Role:</td>
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<tr>
<td>Specimen:</td>
<td>NONE</td>
<td>CPT Codes:</td>
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<tr>
<td>Postop Diagnosis:</td>
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**MEMORIAL HOSPITAL**

*Date:*

*Patient Room No.:

*Med. Rec. No.:

*Pt. Name:*

*Birthdate:*

*Physician:*

*Pt. Account No.:

*O.R. Room No.:

*Sex:*

*Adm Date:

**FORM NO. 486 (7/96)**
MEDICATIONS:

POSITION:

ADDITIONAL COUNTS:

Signature: