

| | | |
|--------------------------|--|--|
| MEMORIAL HOSPITAL | Date: Med. Rec. No.: Pt. Name: Birthdate: Physician: Pt. Account No.: O.R. Room No.: | Patient Room No.: Sex: Adm Date: |
| OPERATING RECORD | | |

PHYSICAL ASSESSMENT RECORD

| | | |
|---|--|---|
| <u>SKIN:</u> <u>RESPIRATIONS:</u> <u>NEURO STATUS:</u> <u>GENITO URINARY/GASTROINTESTINAL:</u> <u>VASCULAR ACCESS:</u> IV? Arm: Hand: Foot: Scalp: Umbilicus: Other: | Done By: ARTERIAL LINE? Radial: Posterior Tibial: Umbilical: Femoral: Pedal: Other: | CENTRAL LINE? |
| <u>ALLERGIES:</u> | | |

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

INTRAOPERATIVE RECORD

| | |
|--|--|
| Transport Via: Identified By: Cancel Reason: | Discharge To: Transport Via: Transported With: |
| Patient To Room: 07:35 Patient Out Of Room: 21:23 | |

| Anesthetic: Class: Type of Surgery: | Medications | Amount | Route |
|---|-------------|--------|-------|
| | | --- cc | |
| | | --- cc | |
| | | --- cc | |
| | | --- cc | |
| | | --- cc | |

| | | |
|---|--|--|
| <u>PRECOUNT?</u> By 1 Scrub: Circ.: | <u>SPONGE COUNT?</u> 1st Scrub: 2nd Scrub: 3rd Scrub: | STATUS Circ.: Circ.: Circ.: |
|---|--|--|

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|---|---|-----------------------------|-----------------|-------------------------|----------|--------------------|-----------------------|-------------|-------------------|--------------|--|-------------------|-------------|--|--|-------------|
| OPERATING RECORD | | | | | | | | | | | | | | | | |
| MEDICAL STAFF: Anesthesia: _____ Res./CRNA: _____ | | | | | | | | | | | | | | | | |
| OR STAFF: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Role</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>In</u></th> <th style="text-align: center; border-bottom: 1px solid black;">(Relief)</th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Out</u></th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | <u>Name</u> | <u>Role</u> | <u>In</u> | (Relief) | <u>Out</u> | | | | | | | | | | |
| <u>Name</u> | <u>Role</u> | <u>In</u> | (Relief) | <u>Out</u> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Position: _____ Aides: _____ Prep: BET/DURA | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 33%;"><u>CAUTERY</u></td> <td style="width: 33%;">Type: _____</td> <td style="width: 33%;">Plate Removed By: _____</td> </tr> <tr> <td></td> <td>Machine No.: _____</td> <td>Skin Condition: _____</td> </tr> <tr> <td></td> <td>Plate Site: _____</td> <td>LASER: _____</td> </tr> <tr> <td></td> <td>Applied By: _____</td> <td>MODE: _____</td> </tr> <tr> <td></td> <td></td> <td>WATT: _____</td> </tr> </table> | | <u>CAUTERY</u> | Type: _____ | Plate Removed By: _____ | | Machine No.: _____ | Skin Condition: _____ | | Plate Site: _____ | LASER: _____ | | Applied By: _____ | MODE: _____ | | | WATT: _____ |
| <u>CAUTERY</u> | Type: _____ | Plate Removed By: _____ | | | | | | | | | | | | | | |
| | Machine No.: _____ | Skin Condition: _____ | | | | | | | | | | | | | | |
| | Plate Site: _____ | LASER: _____ | | | | | | | | | | | | | | |
| | Applied By: _____ | MODE: _____ | | | | | | | | | | | | | | |
| | | WATT: _____ | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;"><u>ADDITIONAL EQUIPMENT</u></td> <td style="width: 50%;"> </td> </tr> <tr> <td>F.O. INSTRUMENTS</td> <td>BURR</td> </tr> <tr> <td>VIDEO</td> <td>SUCTION IRRIGATOR</td> </tr> <tr> <td>BAIR HUGGER</td> <td>BAIR HUGGER</td> </tr> </table> | | <u>ADDITIONAL EQUIPMENT</u> | | F.O. INSTRUMENTS | BURR | VIDEO | SUCTION IRRIGATOR | BAIR HUGGER | BAIR HUGGER | | | | | | | |
| <u>ADDITIONAL EQUIPMENT</u> | | | | | | | | | | | | | | | | |
| F.O. INSTRUMENTS | BURR | | | | | | | | | | | | | | | |
| VIDEO | SUCTION IRRIGATOR | | | | | | | | | | | | | | | |
| BAIR HUGGER | BAIR HUGGER | | | | | | | | | | | | | | | |
| DRAINS? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Type</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Location</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>By</u></th> </tr> </thead> <tbody> <tr> <td style="height: 50px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | <u>Type</u> | <u>Location</u> | <u>By</u> | | | | | | | | | | | | |
| <u>Type</u> | <u>Location</u> | <u>By</u> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

MEMORIAL HOSPITAL

Date:
Med. Rec. No.:
Pt. Name:
Birthdate:
Physician:
Pt. Account No.:
O.R. Room No.:

Patient Room No.:

Sex: F Adm Date:

OPERATING RECORD 351

Dressings:

| <u>Description</u> | <u>Mfg.</u> | <u>IMPLANT INFORMATION</u> <u>Catalog No.</u> | <u>Lot No.</u> | <u>Qty</u> |
|--------------------|-------------|--|----------------|------------|
|--------------------|-------------|--|----------------|------------|

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Patient Room No.:

Sex: F Adm Date

OPERATING RECORD

PROCEDURE INFORMATION

| | | | | |
|-------------------------|--------------------|------------|------|-------------------|
| Operative Procedure: | No. of Procedures: | Start: | End: | Preop Diagnosis: |
| Wound Class: Surgeon | Role | | | |
| Specimen: NONE | | CPT Codes: | | Postop Diagnosis: |

| | | | |
|-------------------------|--------|------------|--------------------------------|
| Operative Procedure: | Start: | End: | Preop Diagnosis: |
| Wound Class: Surgeon | | | |
| Specimen: | | CPT Codes: | Postop Diagnosis: SCOLIOSIS |

| | | | |
|---|--|-------------------|-------------------|
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| | | Pt. Account No.: | |
| | | O.R. Room No.: | |
| PROCEDURE INFORMATION | | | |
| Operative Procedure: | | Start: | End: |
| Wound class: Surgeon Role | | Preop Diagnosis: | |
| Specimen: NONE | | CPT Codes: | |
| | | Postop Diagnosis: | |
| Operative Procedure: | | Start: | End: |
| Wound Class: Surgeon Role | | Preop Diagnosis: | |
| Specimen: | | CPT Codes: | |
| | | Postop Diagnosis: | |

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O.R. Room No.:

Patient Room No.:

Sex: Adm Date:

OPERATING RECORD

NURSING NOTES

MEDICATIONS:

POSITION:

ADDITIONAL COUNTS;

Signature: