### PERIOPERATIVE NURSING RECORD

**OR #:**

**TIME IN:**

**NURSES READY:**

**INC TIME:**

**CLOSURE TIME:**

**TIME OUT:**

**DATE:**

---

#### PATIENT TYPE
- [ ] SGA
- [ ] INFANT
- [ ] S.C.
- [ ] TEE OR OBSERVATION

#### ARRIVAL STATUS
- [ ] ALERT
- [ ] DROWSY
- [ ] COMATOSE
- [ ] DISABILITY
- [ ] ORIENTED
- [ ] NON ENGLISH SPEAKING

#### CASE TYPE
- [ ] SCHEDULED
- [ ] ADD-ON
- [ ] EMERGENCY

#### PATIENT CONSENTS
- [ ] OPERATIVE CONSENT
- [ ] BLOOD CONSENT
- [ ] DISPOSAL OF LIMB CONSENT
- [ ] 30 DAY STERILIZATION CONSENT
- [ ] ANESTHESIA CONSENT
- [ ] I.D. BAND

#### ALLERGIES
- [ ] LATEX
- [ ] NO KNOWN ALLERGY

---

#### NURSING DIAGNOSES
Potential injury related to positioning:

#### GOAL:
No overly evident on patient’s arrival in PACU.

#### POSITION:
- [ ] SUPINE
- [ ] PRONE
- [ ] LATERAL

OTHER POSITIONING SUPPLIES:

#### RIGHT ARM:
- [ ] FOWERS
- [ ] SEMI FOWERS
- [ ] LITHOTOMY
- [ ] JACKNIFE
- [ ] KNEE HOLE
- [ ] FROG LEGGED

#### LEFT ARM:
- [ ] BODY STRAP
- [ ] POSITIONED BY:

---

#### LEGEND:
- [ ] GROUND PAD
- [ ] TOURQUET
- [ ] SAFETY TRAP
- [ ] ELECTRODES

---

#### TOURQUET #1:
- [ ] SITE:
- [ ] MMHG / PSI
- [ ] AT
- [ ] AT

- [ ] NONE
- [ ] APPLIED BY:

#### TOURQUET #2:
- [ ] SITE:
- [ ] MMHG / PSI
- [ ] AT
- [ ] AT

- [ ] NONE
- [ ] APPLIED BY:

#### CAUTERY
- [ ] NONE

---

#### UNIT NUMBER:

#### SETTING:
- [ ] CCAG

#### CUT:

#### SKIN PREP:

#### SKIN POSTOP:

#### SGD'S
- [ ] BILATERAL
- [ ] RIGHT
- [ ] LEFT

---

#### SHAVE PREP:
- [ ] AREA
- [ ] BY

#### SKIN PREP
- [ ] SCRUB
- [ ] PAINT

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UI-1150 REV. 05/04
## PERIOPERATIVE NURSING RECORD

**NURSING DIAGNOSIS:** Potential for retaining foreign body related to surgical procedure.

**GOAL:** All instruments, sponges, and sharps counts are counted prior to closure.

**FINAL COUNTS**

<table>
<thead>
<tr>
<th></th>
<th>CORRECT</th>
<th>INCORRECT</th>
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</thead>
<tbody>
<tr>
<td>SPONGES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEEDLES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSTRUMENTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-RAY TAKEN</td>
<td>Y</td>
<td></td>
<td>N</td>
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</tbody>
</table>

**IF INCORRECT, SEE NURSING NOTES**

**SIGNATURES**

<table>
<thead>
<tr>
<th>TIME</th>
<th>1st</th>
<th>2nd</th>
<th>SHEET CHANGE</th>
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<tr>
<td>NEEDLES</td>
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<tr>
<td>INSTRUMENTS</td>
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**RELIEF COUNTS**

**TIME**

**NURSING NOTES**

**IMPLANTS**

**CAT #**

**SERIAL # / LOT**

**PULL TAG**

**SPECIMENS**

<table>
<thead>
<tr>
<th></th>
<th>NONE</th>
<th>FROZEN SECTIONS</th>
<th>CULTURE</th>
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**PATHOLOGY #**

**CYTOLGY**

**TAKEN BY:**

**NURSING DIAGNOSIS:** Potential for breakdown in care related to transfer.

**GOAL:** Maintain transfer communication procedure.

**Transferred and Report Given**

<table>
<thead>
<tr>
<th>RR</th>
<th>Bed</th>
<th>Floor</th>
<th>ICU</th>
</tr>
</thead>
</table>

**Transported via**

<table>
<thead>
<tr>
<th>Bed</th>
<th>Cart</th>
<th>Crtb</th>
<th>Other</th>
</tr>
</thead>
</table>

**Accompanied By:**

**Circulator’s Signature:**