HEALTHCARE
NURSING INTRAOOPERATIVE RECORD
PLAN OF CARE
Page 1 of 2

DATE: __/__/__

NURSING DIAGNOSIS: Potential anxiety related to surgery. GOAL: Demonstrates decreased anxiety
PLAN AND IMPLEMENTATION: Appropriate measures taken
☐ Gave clear, concise explanations  ☐ Conveyed caring supportive attitude  ☐ Introduced self and explained role
Reviewed Admission Assessment: ☐ Yes ☐ No Comment:

Patient Identification
☐ Armband
☐ Verbal

Verification of Procedure
☐ Verbally
☐ Other ______________

Consent Form Obtained:
☐ Surgical
☐ Anesthesia
☐ Blood Transfusion

Allergies:
☐ None
Type: ______________

Prosthesis:
☐ None
Type: ______________

COMMENT: ______________

OUTCOME: Demonstrated adaptive coping mechanisms: ☐ Yes ☐ No

NURSING DIAGNOSIS: Potential for Injury GOAL: Patient to remain injury free
PLAN AND IMPLEMENTATION: Appropriate measure taken

Assess Skin Condition
☐ Intact
☐ Lesions/Brui ses

Positioning
☐ Supine
☐ Prone
☐ Jackknife
☐ Lithotomy
☐ Lateral
☐ Kidney
☐ Other

Positioning Aids
☐ Safety Strap
☐ Armboards
☐ Arms Tucked
☐ Sand Bag
☐ Chest Roll
☐ Shoulder Roll
☐ Leg Holder

Electrosurgery Settings
☐ N/A
☐ Valleylab unit
☐ Bipolar
☐ Endocoagulator
☐ Other
☐ Ground Pad Site
Placed By: ______________
After Removal: ______________

Hypothermia
☐ N/A
☐ Bairhugger
☐ Warming lights
☐ K-Pad

Touriquet # ______________
☐ N/A  ☐ Safety check done
Site: ______________
Applied by: ______________
Pressure _Inflated_ Deflated ______________

Circulation Devices
☐ N/A
☐ Sequential
Compression Device
☐ TEDS
Applied by: ______________

PW/MSW/N17
Laser X-Ray
☐ N/A ☐ N/A
Type: ☐ Yes ☐ No
☐ Safety list complete
☐ Laser Log complete
RadioLOGY Technician

☐ Laser Officer:

NURSING DIAGNOSIS: Potential for infection
GOAL: Avoidance of patient infection

PLAN AND IMPLEMENTATION: Appropriate measures taken

<table>
<thead>
<tr>
<th>Operative Site</th>
<th>Dressing</th>
<th>Drains</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Prep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Betadine scrub</td>
<td>☐ N/A</td>
<td>☐ N/A</td>
<td>☐ Flashed</td>
</tr>
<tr>
<td>☐ Betadine solution</td>
<td>☐ Bandaids</td>
<td></td>
<td>☐ Wrapped</td>
</tr>
<tr>
<td>☐ Ultradex</td>
<td>☐ Coverlet</td>
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<tr>
<td>☐ Other</td>
<td>☐ Adaptic</td>
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<tr>
<td>Shave</td>
<td>☐ Xeroform</td>
<td></td>
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<tr>
<td>☐ N/A</td>
<td>☐ Gauze</td>
<td></td>
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<tr>
<td>☐ Area</td>
<td>☐ Telfa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Steristrip</td>
<td></td>
<td></td>
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<tr>
<td>By whom:</td>
<td>☐ Ace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Packing</td>
<td>☐ Splint/Cast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ N/A</td>
<td>☐ Eye pad/shield</td>
<td></td>
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<tr>
<td>☐ Other</td>
<td>☐ Other</td>
<td></td>
<td></td>
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<tr>
<td>☐ Ointment</td>
<td></td>
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<tr>
<td>Operative Record</td>
<td>Log book complete</td>
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</tbody>
</table>

CATHERETER
☐ Yes ☐ No

SCOPES
☐ Steris
☐ Wrapped

IRRIGATION
☐ Water
☐ Saline
☐ Other

OUTCOME
Infection control measures implemented

<table>
<thead>
<tr>
<th>MEDICATIONS</th>
<th>DOSAGE</th>
<th>TIME</th>
<th>METHOD</th>
<th>GIVEN BY</th>
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Discharge
Level of Consciousness
☐ Alert
☐ Drowsy/sedated
☐ Awakening
☐ Unconscious
☐ Other

Transport
☐ Stretcher
☐ Wheelchair
☐ Bed
☐ Crib
☐ Ambulatory
☐ Other

Safety Device
☐ Side rails
☐ Safety strap
☐ Bumper pads

ADDITIONAL COMMENTS:

NURSE'S SIGNATURE: ____________________________ 6/98 PW/MSW/N17