HEALTHCARE
NURSING OPERATIVE RECORD

OR #: __________ Date: __________ □ Inpatient □ Outpatient □ Effective □ Add On
Times In room __________ Start __________ Finish __________ Out Room __________

Types of Anesthesia: □ General □ Local □ None □ Regional Block
Sedation □ By Anesthesiologist □ By Surgeon □ None

Anesthesiologist ___________________________ ASA __________
Surgeon #1 ___________________________ Surgeon #2 ___________________________
1st Assistant ___________________________ 2nd Assistant ___________________________
3rd Assistant ___________________________ 4th Assistant ___________________________

Pre op Diagnosis ___________________________

Operative Procedures (Check box of primary procedures)
□ a ___________________________
□ b ___________________________
□ c ___________________________
□ d ___________________________
□ e ___________________________
□ f ___________________________
□ g ___________________________

Post op Diagnosis ___________________________

Sponge Count 1st __________ 2nd __________ 3rd __________
Sharps Count 1st __________ 2nd __________ 3rd __________
Instrument Count 1st __________ 2nd __________ 3rd __________

Specimen □ None Perm _______ Frozen Section _______ Bacteriology _______ Cytology _______ Other _______

Wound Classification: □ 1 Clean □ 2 Clean Contaminated □ 3 Contaminated □ 4 Infected
Discharged to □ IP PACU □ OP PACU □ Nursing Unit _______ □ ICU _______ □ Home □ Other _______
Operative Note Assigned To ___________________________ Tray Type ___________________________ Tray # __________

SCRUB NURSE/TECH In Out CIRCULATING NURSE In Out

Revised 5/98 PW/MSW/N17