HOSPITAL OF
PERIOPERATIVE SERVICES
PERIOPERATIVE RECORD

DATE | TIME OF ARRIVAL

OR # | ☐ SEE CARDIAC NURSING HX

DATA COLLECTION AND ASSESSMENT (Completed In Holding Area)

TO OR VIA
- ☐ STRETCHER
- ☐ BED
- ☐ WHEELCHAIR
- ☐ CRIB / WARMER
- ☐ AMBULATORY
- ☐ ACCOMPANIED BY

☐ SIDE RAILS UP

DISPOSITION FROM
- ☐ PATIENT UNIT
- ☐ ASU / SICU / PICU / NICU / CSICU / CCU / MICU
- ☐ ER
- ☐ SAME DAY ADMIT
- ☐ HOME
- ☐ OTHER _____

TRANSPORTED
- ☐ O2 _____ L VIA _____
- ☐ IV PUMP / BURETROL
- ☐ EKG MONITOR
- ☐ AMBU
- ☐ OTHER _____
- ☐ NONE OF THE ABOVE

TUBES / DRAINS, ETC.
- ☐ FOLEY
- ☐ NASOGASTRIC
- ☐ GASTROSTOMY
- ☐ TRACHEOSTOMY
- ☐ CHEST TUBE
- ☐ CAST / SPLINT _____
- ☐ OTHER _____
- ☐ NONE

VITAL SIGNS
- ☐ T _____
- ☐ P _____
- ☐ R _____
- ☐ BP _____ / _____
- ☐ HT _____
- ☐ WT _____ Kg / lb

SKIN CONDITION
- ☐ INTACT ☐ WARM
- ☐ PINK ☐ PALE
- ☐ COOL ☐ DIAPHORETIC
- ☐ FLUSHED ☐ MOTTLED
- ☐ OTHER _____

EMOTIONAL STATUS
- ☐ CALM ☐ CRYING
- ☐ COOPERATIVE
- ☐ NERVOUS
- ☐ AGITATED ☐ TED
- ☐ SCD'S

L.O.C.
- ☐ ALERT
- ☐ ORIENTED
- ☐ DISORIENTED
- ☐ DROWSY / SEDATED
- ☐ SLEEPING, AROUSABLE
- ☐ UNCONSCIOUS

LINES
- ☐ PERIPHERAL R L
- ☐ ARTERIAL R L
- ☐ CVP R L
- ☐ SWAN-GANZ R L
- ☐ HICKMAN
- ☐ OTHER _____
- ☐ NONE

ALLERGIES
- ☐ NONE ☐ PCN ☐ ASA
- ☐ SULFA ☐ CONTRAST DYE ☐ OTHER

☐ NPO SINCE ☐ MN ☐ EXCEPT MEDS ☐ OTHER _____
☐ PATIENT IDENTIFIED BY NAMEBAND
☐ PREOP ANTIBIOTIC ☐ FLOOR ☐ ANESTHESIA ☐ OTHER _____

☐ ECG ☐ H&P ☐ COMPLETED PRIOR TO ARRIVAL

PERSONAL BELONGINGS IN LOCKER # _____

BASELINE MOTOR FUNCTION	☐ MOVES ALL EXTREMITIES	☐ OTHER
OPERATIVE CONSENT	☐ SIGNED	☐ WITNESSED, COMMENT
PATIENT/GUARDIAN VERIFIES SURGICAL SITE	☐ YES	☐ NO
REMOVABLE APPLIANCES/PROSTHESES	☐ NO	☐ YES, DISPOSITION
FAMILY WAITING	☐ NONE	☐ YES, LOCATION ☐ WAITING ROOM ☐ PHONE #
BLOOD CONSENT SIGNED	☐ YES	☐ N/A
PATIENT EDUCATION LEARNER	☐ PATIENT	☐ FAMILY ACKNOWLEDGED BY LEARNER ☐ YES ☐ NO

COMMENTS ☐ NONE _____

SPECIAL HEALTH CONSIDERATIONS: (CHECK APPLICABLE ITEMS)

☐ ARTHRITIS ☐ CARDIAC ☐ DIABETES ☐ HYPERTENSION ☐ MENTAL RETARDATION ☐ RENAL ☐ SEIZURES ☐ SMOKER _____ PPD
☐ CANCER ☐ CVA ☐ GASTROINTESTINAL ☐ KNOWN INFECTION ☐ NEURO DEFICITS ☐ RESPIRATORY ☐ SKIN LESIONS ☐ LMP _____

COMMENTS ☐ NONE _____

CURRENT MEDICATIONS ☐ NONE ☐ YES _____

SIGNIFICANT FAMILY HX ☐ NONE _____

PREVIOUS SURGERY / ANESTHESIA ☐ NONE _____

LAB VALUES Hct _____ K _____ Glu _____ OTHER _____ ☐ NONE

OTHER LIMITATIONS ☐ NONE ☐ AUDITORY ☐ VISUAL ☐ LANGUAGE ☐ INTERPRETER PRESENT _____

COMMENTS ☐ NONE _____

SIGNATURE _____

POTENTIAL FOR SKIN LESIONS: ☐ NONE ☐ CACHEXIA ☐ OBESITY ☐ EDEMA ☐ STEROIDS ☐ OTHER: _____

POSITION. (CHECK ALL APPLICABLE ITEMS)

POSITION

- ☐ SUPINE
- ☐ KIDNEY R ▲ L ▲
- ☐ LATERAL R ▲ L ▲
- ☐ BEACH / BARBER CHAIR
- ☐ PRONE
- ☐ SEMI FOWLERS
- ☐ LITHOTOMY
- ☐ ALLEN
- ☐ CANDYCANE
- ☐ OTHER _____

POSITIONING AIDS

- ☐ CHEST ROLLS
- ☐ AX ROLL
- ☐ SHOULDER ROLL
- ☐ PILLOW _____
- ☐ BUMP _____
- ☐ TAPE _____
- ☐ BEAN BAG _____
- ☐ EGGCRATE
- ☐ HEADREST (NEURO)
- ☐ HEADRING
- ☐ OTHER _____

TABLE

- ☐ REGULAR
- ☐ FLUORO
- ☐ RADIANT WARMER
- ☐ STRETCHER
- ☐ FRACTURE
- ☐ EYE STRETCHER
- ☐ OTHER _____

ADDITIONAL PADDING

- ☐ HEAD
- ☐ ELBOWS R L
- ☐ SACRUM
- ☐ KNEES R L
- ☐ HEELS R L
- ☐ ANKLES - FEET R L
- ☐ OTHER _____

ARM POSITION

- ☐ SIDE ☐ C SHEET R L
- ☐ ARMBOARD ◀ 90° R L
- ☐ KRAUSE REST R L
- ☐ OTHER _____ R L

COMMENTS: ☐ NONE _____

CORRECT BODY ALIGNMENT MAINTAINED ? ☐ YES ☐ NO INITIALS: _____

CIRCULATION DEVICES: ☐ NONE

- ☐ TED STOCKINGS
- ☐ ACE WRAPS APPLIED BY: _____
  - LOCATION _____
- ☐ SEQUENTIAL COMPRESSION STOCKINGS
  - APPLIED BY: _____
  - CYCLE CHECK BY: _____
  - MACHINE # _____

COMMENTS ☐ NONE _____

WARMING DEVICES: ☐ NONE

- ☐ K-PAD, SETTING = _____
- ☐ WARMING LAMP
- ☐ PLASTIC COVERS
- ☐ RADIANT WARMER
- ☐ WARMING BLANKET, SETTING = _____
- ☐ WARMED SOLUTIONS: IRRIGATION / PREP / I.V.
- ☐ WARM BLANKETS
- ☐ BAIR HUGGER
- ☐ TEMPERATURE PROBE ESOPHAGEAL / RECTAL, BY _____

SAFETY STRAP ☐ NONE _____

APPLIED BY: _____ LOCATION: ☐ ABOVE KNEES ☐ OTHER

GROUNDING PAD LOCATION ☐ NONE ☐ THIGH ☐ R ☐ L

APPLIED BY: _____ OTHER: _____

ELECTROCAUTERY: ☐ NONE

- ☐ CAUTERY MACHINE # _____ COAG = _____ CUT = _____
- ☐ CAUTERY MACHINE # _____ COAG = _____ CUT = _____
- ☐ BIPOLAR MACHINE # _____ COAG = _____
- ☐ LASER PRECAUTIONS OBSERVED LOG SHEET COMPLETED BY _____

CRYOSURGERY: ☐ NONE

SETTINGS _____

TYPE OF ANESTHESIA: ☐ REGIONAL ☐ LOCAL ☐ MAC ☐ O_2 BY NC ☐ GA INTUBATION ☐ NONE / MASKED ☐ ORAL ☐ NASAL ☐ TRACHEAL

TOURNIQUETS ☐ NONE

#1 LOCATION _____	#2 LOCATION _____
PRESSURE _____	PRESSURE _____
UP _____ DOWN _____	UP _____ DOWN _____
TOTAL TIME: _____	TOTAL TIME: _____
TOURNIQUET # _____	TOURNIQUET # _____

PREP BY: _____

- ☐ BETADINE SCRUB ☐ PHISOHEX SCRUB ☐ DURAPREP
- ☐ BETADINE PAINT ☐ ALCOHOL
- ☐ SHAVE WET / DRY BY: _____
  - AREA: _____

LOCAL ANESTHETIC: ☐ NONE

- ☐ 5cc ☐ .75% MARCAINE / 5cc ☐ 2% XYLOCAINE / WYDASE .5cc
- ☐ 1% ☐ 2% LIDOCAINE ☐ W/EPI ☐ FRESH _____ cc
- ☐ .25% ☐ 5% MARCAINE ☐ W/EPI ☐ FRESH _____ cc

OTHER _____

IRRIGATION SOLUTION: ☐ NONE

- ☐ NORMAL SALINE ☐ WATER
- ☐ NEOSPORIN ☐ BACITRACIN ☐ NEOMYCIN ☐ KANAMYCIN
- ☐ OTHER _____

☐ CELL SAVER ☐ ULTRASOUND ☐ CUSA

- ☐ I.V. (OTHER) _____
- ☐ TOPICAL _____
- ☐ OINTMENT / LOCATION _____

INTRAOP ANTIBIOTICS:

☐ NONE	☐ ANCEF	_____ gm	IV TIME _____
	☐ VANCO	_____ gm	IV TIME _____
	☐ AMPICILLIN	_____ gm	IV TIME _____
	☐ GENTAMYCIN	_____ mg	IV TIME _____
	☐ CEFOTAN	_____ gm	IV TIME _____
	☐ FLAGYL	_____ mg	IV TIME _____

COMMENTS: ☐ NONE _____

INFECTION, POTENTIAL

DEVICES PLACED IN OR ☐ NONE

☐ ADDITIONAL I.V. LINES PERIPH R L ☐ A-LINE R L ☐ RADIAL

CVP R L IJ EF SC OTHER _____

SWAN R L IF EJ SC

OTHER _____

TIME _____ BASELINE: CI _____ SAP _____ HR _____

☐ FOLEY CATHETER BY _____ SIZE _____

CLEAR, YELLOW, CLOUDY, AMBER, BLOODY URINE _____ cc

☐ PENROSE DRAIN 1/4 1/2 5/8 _____

☐ CLOSED DRAIN 1/8 1/4 7mm 10mm _____

☐ PACKING _____

☐ CHEST CATHETER(S) MEDIASTINAL: _____

PLEURAL: _____ CARDIOTOMY: _____

PLEUREVAC: _____

☐ PACER WIRES: ATRIAL _____ VENTRICULAR _____ SKIN _____

☐ ATTACHED TO PACER ☐ SECURED TO DRESSING

☐ OTHER _____

INJURY, POTENTIAL

COUNTS ☐ NONE SCRUB CIRCULATOR

☐ INITIAL COUNT

☐ FIRST	☐ 2ND	☐ RELIEF	_____ / _____	☐ SPONGE	☐ INSTRUMENT	☐ SHARP
☐ FIRST	☐ 2ND	☐ RELIEF	_____ / _____	☐ SPONGE	☐ INSTRUMENT	☐ SHARP
☐ FIRST	☐ 2ND	☐ RELIEF	_____ / _____	☐ SPONGE	☐ INSTRUMENT	☐ SHARP
☐ FINAL			_____ / _____	☐ SPONGE	☐ INSTRUMENT	☐ SHARP
			_____ / _____	☐ SPONGE	☐ INSTRUMENT	☐ SHARP

COMMENTS ☐ NONE _____

POSTOPERATIVE EVALUATION

TYPE OF DRESSING ☐ NONE ☐ DRY STERILE DRESSING ☐ XEROFORM GAUZE ☐ ADAPTIC ☐ STANDARD CARDIAC DRESSING

OTHER _____

☐ IMPLANT SHEET COMPLETED

CASTS: ☐ ARM SHORT / LONG R L ☐ LEG SHORT / LONG R L

SPLINTS: ☐ ARM SHORT / LONG R L ☐ LEG SHORT / LONG R L ☐ WRIST SHORT / LONG R L

SKIN INTEGRITY: CHECKED BY _____

PRESSURE POINTS ☐ UNCHANGED ☐ ABRASION / DISCOLORATION _____

SHAVE / PREP SITE ☐ UNCHANGED ☐ ABRASION / DISCOLORATION _____

CAUTERY PAD SITE ☐ UNCHANGED ☐ ABRASION / DISCOLORATION _____

COMMENTS ☐ NONE _____

POST-OP MOTOR FUNCTION ☐ MOVES ALL EXTREMITIES ☐ REMAINS ANESTHETIZED GA / REGIONAL ☐ OTHER _____

COMMENT ☐ NONE _____

STATUS:

☐ ALERT ☐ INTUBATED

☐ AWAKENING ☐ AIRWAY ORAL / NASAL

☐ AGITATED ☐ EXTUBATED

☐ DROWSY ☐ TRACHEOSTOMY

☐ UNCONSCIOUS

TRANSPORT:

☐ STRETCHER ☐ AMBU / T-PIECE

☐ BED ☐ MEDICATION DRIP:

☐ CRIB / WARMER TNG _____ LIDOCAINE _____

☐ O_2 _____ L / MIN NIPRIDE _____ DOBUTAMINE _____

VIA _____ EPINEPHRINE _____ DOPAMINE _____

PSI _____ OTHER _____

☐ EKG MONITOR ☐ A-LINE _____

☐ SIDE RAILS UP ☐ OTHER _____

SKIN CONDITION

☐ INTACT ☐ WARM

☐ PINK ☐ PALE

☐ COOL ☐ DIAPHORETIC

☐ FLUSHED ☐ MOTTLED

☐ OTHER _____

DISCHARGE TO:

☐ PACU

☐ HOME

☐ CICU / SICU / PICU / NICU

☐ PATIENT UNIT _____

☐ REPORT GIVEN TO: _____ R.N.

TIME _____ BY _____

ACCOMPANIED BY:

☐ ANESTHESIOLOGIST ☐ NURSE

☐ SURGEON ☐ P.A.

FAMILY UPDATES: _____

COMMENTS: ☐ NONE _____

CHEST TUBE DRAINAGE / TIME

INITIALS	SIGNATURE / TITLE
	(RELIEF)
	(RELIEF)
	(RELIEF)