<table>
<thead>
<tr>
<th>ANESTHESIA</th>
<th>TIME IN ROOM</th>
<th>DESTINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NERVE BLOOD SPECIAL PROCEDURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OR TIME IN HOURS (CHECK ONE)</td>
<td></td>
<td></td>
</tr>
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<td>0.5</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td>3.0</td>
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<tr>
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</tr>
<tr>
<td>8.0</td>
<td>8.5</td>
<td>9.0</td>
</tr>
</tbody>
</table>

PREP SOLUTION

PRE-OP DIAGNOSIS

POST-OP DIAGNOSIS

OPERATION

CPT 4 CODES

SPECIMENS □ PATH □ F.S. □ MICRO □ CYTOLOGY □ OTHER □ OTHER

DRAINS, PACKS, CATHS, ETC.

LOCATION

POSITION

MEDICATION, IRRIGATION (TIME, AMOUNT)

□ POLEY □ SUPINE

□ PENROSE □ PRONE

□ HEMOVAC □ LITHOTOMY

□ JACKSON PRATT □ LATERAL

□ CHEST □ APPROVED BY

□ PACKING □ DR.

□ OTHER □ OTHER

"TIME OUT": □ CORRECT PATIENT, □ PROCEDURE, □ SITE MARKED, □ N/A

IF APPLICABLE: □ X-RAY, □ IMPLANT, □ EQUIPMENT, □ TIME:

SPECIMENS

□ ID □ CONSENT □ SAFETY STRAP

COUNTS: □ CORRECT □ INCORRECT

ACTION FOR INCORRECT COUNT □ X-RAY TAKEN: □ YES □ NO

POST-OP CONDITION OF PATIENT: □ REACTED □ SEMI-REACTED □ NON-REACTIVE

NURSES COMMENTS

RN SIGNATURE / TITLE