## Peri-Operative Record

**Peri-Operative Record**

**University Medical Center**

### Patient Information

- **ASA**: __
- **Patient Name**: ____________________  **MR#:** ____________________

### Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Arrives in O.R.</th>
<th>Room Ready</th>
<th>Patient in Room</th>
<th>Procedure Start</th>
<th>Procedure Finish</th>
<th>Patient Out</th>
</tr>
</thead>
</table>

### Identification & Verification

- Consent #2 complete, signed and Attending Surgeon signed Certification Section.
- Right  Left  Bilateral  N/A  Circulating Nurse verifies Side of procedure with patient.

### Anesthesia

- Yes  N/A  Attending Surgeon or PA verifies with patient and Marks “” on operative side prior to induction of anesthesia.
- Yes  Safety Check Verified by Circulator
- Yes  N/A  Scrub Nurse announced “The arrow is visible, proceed”

### Circulating Nurse Signature: __________

### Wound Class

- 1 (clean)
- 2 (clean/contaminated)
- 3 (contaminated)
- 4 (Infected)

### Patient Location

- DAR
- SAS
- APA
- MAC
- IP
- SDS
- CCM

### Anesthesia

- General
- Regional
- MAC
- Local
- Conscious Sedation

### APA Classes

- Blood Pressure & Pulse Monitored by ________ R.N. (initials)
- IV started by Dr. ________
- IV sedation; O2 Saturation & EKG Monitored by ________ R.N. (initials)

### Level of Consciousness

- Alert
- Oriented
- Disoriented
- Drowsy/Sedated
- Unconscious
- Other

### Emotional Status

- Calm
- Cooperative
- Nervous
- Agitated
- Crying

### Physical/Sensory Disabilities

- None
- Other

### Allergies

- None
- Other, Specify: __________

### NPO After Midnight

- Yes
- No
- Specify: __________

### Skin Condition

- Intact where seen
- Warm
- Cool
- Dry
- Diaphoretic
- Pale
- Pink
- Flushed
- Other

### Prosthetic Devices

- None
- Other, Specify: __________

### Disease History

- None
- Other, Specify

### Pre-Operative Diagnosis

- __________

### Operative Procedures

- __________

### Post Operative Diagnosis

- __________

**Surgeon**: ____________________  **Resident**: ____________________

**Anesthesiologist**: ____________________  **Resident**: ____________________

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**University Medical Center**  **Peri-Operative Record**  **Page 1**
**Patient Name**

<table>
<thead>
<tr>
<th>SCUB NURSES</th>
<th>TITLE</th>
<th>IN</th>
<th>OUT</th>
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<th>CIRCULATING NURSES</th>
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**GOAL**
Patient demonstrates decreased anxiety.

**PLAN/IMPLEMENTATION**
- Minimize noxious stimuli
- Describe peri-operative events
- Parent accompanies child in OR
- Give clear, concise explanations
- Remain with patient during induction

**OTHER & COMMENTS**

**EVALUATION**
- Patient remains calm during induction and/or procedures
  - Yes
  - No. Explain

**GOAL**
Patient is free from injury related to position, chemical, physical, thermal, and electrical hazards; skin remains intact.

**PLAN/IMPLEMENTATION**
- Positioned by __________
- Supine
- Prone
- Jackknife
- Right Lateral
- Left Lateral
- Lithotomy
- Frog Legged
- Semifowlers

**POSITIONING DEVICES**
- Safety strap over thighs
- Donut under head
- Foam support under head
- Pillow under head
- Thyroid pillow under shoulders
- Axillary roll
- Right / Left
- Foam pads
- Toboggan
- Kidney Braces
- Krause arm Support
- Chest Rolls
- Stirrups
- Hand Table
- Orthopedic positioning device
- Neurologic positioning device
- Comments

- No pressure areas noted after positioning

**CAUTERY**
- None
- Monopolar
- Bipolar
- Grounding pad placement __________ by __________ R.N.
- Other type of cautery __________

**TOURNIQUET**
- None
- Yes, Site __________ Pressure __________ mmHg
- Inflated Right
- Deflated Right
- Inflated Left
- Deflated Left

**WARMING BLANKET**
- None
- Monitored by anesthesia
- Heating Unit __________ Temperature __________

**BAIR HUGGER**
- None
- Monitored by anesthesia
- Heating Unit __________ Temperature __________

**TED STOCKINGS**
- None
- Thigh-High
- Knee-High
- Arrived with Stockings

**SEQUENTIAL COMPRESSION**
- None
- Thigh-High
- Knee-High
- Max pressure 35-55 mmHg
- Unit __________

**LASER**
- None
- CO2
- YAG
- Argon
- KTP
- Laser Safety precautions maintained as per policy

**RADIOLOGY**
- None
- X-Ray & # __________
- Fluoroscopy
- Dye

**CELL SAVERS**
- None
- Yes
- # of units transfused by __________

**SPECIMENS**
- Pathology
- Microbiology

**COUNTS**

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<th>correct</th>
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<th>not required</th>
<th>correct</th>
<th>Skin Closure/Final</th>
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<th>not required</th>
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**Instruments**

**Sponges**

**Sharps**

**RN**
- initials
- initials
- initials

If incorrect count, action taken

**EVALUATION**
The patient remains free from injury
- Yes from injury
- Injury

**UNIVERSITY MEDICAL CENTER**

**PERI-OPERATIVE RECORD**

**PAGE 2**

**REV. 8/29/03**
GOAL  Patient remains free of infection related to surgical intervention

PLAN/IMPLEMENTATION  Maintain asepsis of the surgical environment

SKIN PREPARATION  Scrub:
- None  □ Betadine  □ Other
Paint:
- None  □ Betadine  □ Other

AREA SHAVED
- None  □ Site  □ Other

DRAINS
- None  □ Type  Location:

PACKING
- None  □ Type

NG TUBE
- None  □ Salem Sump  □ Other  Location:

FOLEY CATHETER
- None  □ Straight Catheter  Fr. □ Foley Fr.  □ Balloon  □ Arrived in OR with foley intact
Inserted by:  □ Foley removed in OR  □ No  □ Yes

MEDICATION  TIME  INITIALS

☐ See Medication Sheet in Chart

IMPLANTS

☐ Implants listed on the other side

COMMENTS

EVALUATION  Aseptic technique is maintained to prevent infection
☐ Yes  ☐ No  Explain

PATIENT DISCHARGED TO
- PACU  □ DAR  □ SICU  □ OHRR  □ Home
- Other

TRANSPORT
- Stretching  □ Bed  □ Crib  □ Chair/Wheelchair  □ Ambulatory  □ 02 Liter
- Other
All infusion Lines & Monitors Intact
☐ Yes  ☐ N/A
Oral & Written Post-Op Instruction Given
☐ Yes  ☐ N/A

STATUS
- Awake  □ Alert  □ Drowsy  □ Agitated  □ Non-Responsive  □ Expired
- Other

Report Given to __________________________  by __________________________  R.N.