## INTRAOPERATIVE NURSING RECORD

**DATE**

**PATIENT IN**

**ANES INDUCTION**

**SURG START**

**PATIENT OUT**

**ANES END IN OR**

**SURG STOP**

**PATIENT TYPE**

- [ ] INPATIENT
- [ ] OUT PATIENT
- [ ] AM ADMIT
- [ ] SCHEDULED
- [ ] ON CALL
- [ ] EMERGENCY

**PT VERIFICATION**

- [ ] VERBAL
- [ ] ID BAND

**NURSING DIAGNOSIS: POTENTIAL FOR KNOWLEDGE DEFICIT**

- [ ] YES
- [ ] NO

**ACKNOWLEDGMENT OF CONSENT**

- [ ] YES
- [ ] NO

**PATIENT CONFRMS SURGICAL SITE**

- [ ] YES
- [ ] NO

**ORIENTED TO ENVIRONMENT**

- [ ] YES
- [ ] NO

**ORIENTED TO PROCEDURAL ACTIVITIES**

- [ ] YES
- [ ] NO

**OPERATIVE SITE SIGNED BY MD**

- [ ] YES
- [ ] NO

**OPERATIVE SITE VERIFEd BY RN AND SURGEON**

- [ ] YES
- [ ] NO

**ANESTHIA**

- [ ] GEN
- [ ] IV REGIONAL
- [ ] EPIDURAL
- [ ] SPINAL
- [ ] MAC
- [ ] S/A

**LOCAL**

- [ ] OTHER

**ANESTH I**

- [ ]

**SURGEON I**

- [ ]

**ASSIST I**

- [ ]

**CIRCULATOR**

- [ ]

**SCRUB**

- [ ]

**PRE-OP DIAGNOSIS:**

- [ ]

**OPERATION PERFORMED:**

- [ ]

**POST-OP DIAGNOSIS:**

- [ ]

**X-RAYS TAKEN DURING PROCEDURE:**

- [ ] N/A
- [ ] C-ARM
- [ ] PORTABLE

**LASER:**

- [ ] N/A
- [ ] STANDBY ONLY
- [ ] YES

**TYPE:**

- [ ] OPERATOR

**HYSTEROSCOPY FLUID:**

- [ ] SALINE
- [ ] GLYCOL

**AMOUNT:**

- [ ] N/A

**AMOUNT:**

- [ ] YES

**IMPLANTS:**

- [ ] N/A
- [ ] YES

**SKIN PREP:**

- [ ] N/A
- [ ] YES

**SHAVE PREP:**

- [ ] RAZOR
- [ ] CLIPPER
- [ ] N/A

**AREA PREPARED:**

- [ ] PROVIDONE
- [ ] PHISOHYX
- [ ] OTHER

**PREPARED BY:**

- [ ]

**SKIN CONDITION POST-OP:**

- [ ] CLEAR
- [ ] OTHER

**URINARY DRAINAGE:**

- [ ] N/A
- [ ] ARRIVED WITH FOLEY
- [ ] YES

**STRAIGHT CATH:**

- [ ] FR BY
- [ ] AMT

**COMMENTS:**

- [ ]

**SUPRA PUBIC CATHETER:**

- [ ]

**FR:**

- [ ]

**INSERTED BY:**

- [ ] AMT

**COMMENTS:**

- [ ]

**DRAINS:**

- [ ] NONE
- [ ] INSERTED
- [ ] REMOVED
- [ ] TYPE/SIZE
- [ ] LOCATION

**PACKING:**

- [ ]

**NURSING DIAGNOSIS: POTENTIAL FOR INFECTION**

**SKIN PREP:**

- [ ] N/A
- [ ] YES

**SHAVE PREP:**

- [ ] RAZOR
- [ ] CLIPPER
- [ ] N/A

**AREA PREPARED:**

- [ ] PROVIDONE
- [ ] PHISOHYX
- [ ] OTHER

**PREPARED BY:**

- [ ]

**SKIN CONDITION POST-OP:**

- [ ] CLEAR
- [ ] OTHER

**URINARY DRAINAGE:**

- [ ] N/A
- [ ] ARRIVED WITH FOLEY
- [ ] YES

**STRAIGHT CATH:**

- [ ] FR BY
- [ ] AMT

**COMMENTS:**

- [ ]

**SUPRA PUBIC CATHETER:**

- [ ]

**FR:**

- [ ]

**INSERTED BY:**

- [ ] AMT

**COMMENTS:**

- [ ]

**CAUTERY:**

- [ ] N/A
- [ ] MONOPOLAR
- [ ] GROUND PAD
- [ ] ADULT
- [ ] Peds
- [ ] PAD

**LOCATION 1:**

- [ ]

**LOCATION 2:**

- [ ]

**UNIT #1:**

- [ ]

**UNIT #2:**

- [ ]

**COAG CUT**

- [ ]

**COAG CUT**

- [ ]

**SKIN CONDITION POST-OP:**

- [ ] CLEAR
- [ ] OTHER

- [ ] BIPOLAR

**SER #:**

- [ ]

**SEQUENTIAL STOCKINGS:**

- [ ] N/A
- [ ] YES
- [ ] NO

**SER #:**

- [ ]

**SETTING:**

- [ ] APPLIED BY OR CHECKED BY

**ANTIEMBOLISM STOCKINGS:**

- [ ] N/A
- [ ] KNEE-HI
- [ ] THIGH-HI
### Surgical Simplex® P
Radiopaque Bone Cement

**Distributed by:**
Styker®
Hosmedics
Osteonics
Mahwah, NJ

**Full Dose**
REF: 0191 1 001
LOT: RCM058

**Uses Only:**
- **O2 SAT:** 
  - **O2:** NO  YES
- **LITERS/MIN:**
- **5 TYPE:**
- **AMOUNT:**

**Surgical Simplex® P**

<table>
<thead>
<tr>
<th>Component</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>O2 SAT</td>
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<tr>
<td>AMOUNT</td>
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**Additional Notes:**

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**Skin Closure**
- **Dressings:** NA
  - 4 x 4
  - None
  - Steri-Strips
  - ABD Pad
  - Suture
  - TELFA / 4 x 4
  - Bandages
  - Staples
  - PAMP / 4 x 4
  - Ace Wrap

**EVALUATION:**
- No Known Potential for Infection Related to Intraoperative Care
- Skin Integrity Maintained
- No Intraoperative Injury Noted
- Body Temp Maintained
- Other

**Discharge To:**
- PACU
- ASD
- PT, Room
- Critical Care
- Home
- Other

**Status On Transfer From Department:**
- Awake
- Unresponsive
- Intubated

**Transported By:**
- Stretcher
- Bed
- Crib
- Wheelchair
- Ambulatory

**Signature:**
Circulating Nurse Responsible for this Report