Intraoperative Record

Addressograph Label
Client Label
DOB mm/dd/yyyy
PHIN/MHSC#
HRN

Date: _____Surgical Procedure: _____

Allergies/Reactions: _____☐NKA

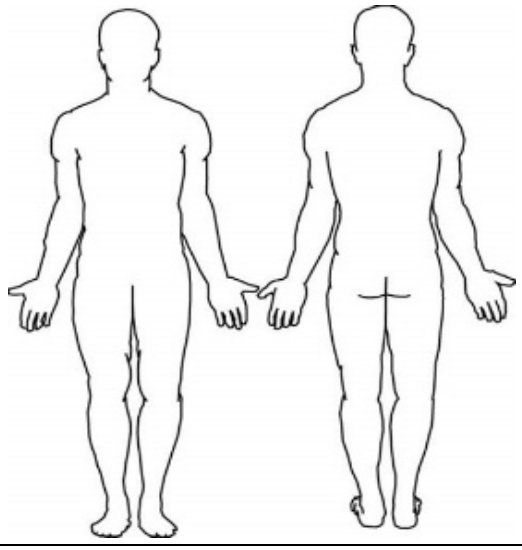
Special Precautions	☐ARO ☐Obstructive Sleep Apnea ☐Other:
Transfer to OR by:	☐Stretcher ☐Wheelchair ☐Walking ☐Bed ☐Tractor ☐Carried
Position	☐Supine ☐Prone ☐Lithotomy ☐Left lateral ☐Right lateral ☐Beach chair ☐Fracture table ☐ Other:
Stirrups	☐Candy Cane ☐Yellow Fin ☐Standard
Pillows	☐Head ☐Back ☐ Leg ☐ Other:
Positioning Devices	☐Arm boards ☐Right ☐Left ☐Arms Tucked ☐Right ☐Left ☐Tape ☐Gel Pad ☐Sand bag ☐Safety Straps ☐Other:_____
Surgical Site	☐Chlorhexidine with Alcohol ☐ Chlorhexidine ☐Betadine ☐Normal Saline ☐Otrivin Cottonoids ☐Clipper Prep ☐Skin Intact ☐Skin Nicks
IV Established ☐N/A	☐Ward ☐SDS ☐OR ☐See IPN ☐Size/Site:
Foley Catheter ☐N/A	☐In Situ ☐OR ☐Size: ____ ☐ Amount in balloon: _____ml ☐ Removed balloon intact
Nasogastric ☐N/A	☐In Situ ☐Right Nostril ☐Left Nostril ☐Inserted in OR size: _____
Warming Devices ☐N/A	☐Forced Air Warmer: ☐Upper body ☐Lower body ☐Under body ☐IV fluid warmer Monitored by Anesthetist ☐Yes ☐No
Pneumatic Tourniquet ☐N/A	Please label with I.D. Sticker and Serial Number

Location	Cuff Size	Pressure	Inflate Time	Deflate Time	Total time

Cuff applied by:

Monitored by anesthesia: ☐Yes ☐No

X = EKG Electrodes
□ = Cautery Pad
Z = BP Cuff
√ = IV
_ = Safety Strap
L = Lacerations
B = Bruises
■ = Tourniquet
Pulse Oximeter Probe - _____



Electrocautery Pad ☐N/A	**Site:** ☐Intact PREop ☐Intact POSTop Comments:
Electrocautery ☐N/A	☐Monopolar Cut ☐20 ☐25 ☐30 ☐ 35 ☐40 ☐Other:_____ Coag ☐20 ☐25 ☐30 ☐ 35 ☐40 ☐Other:_____ ☐Safety Holster used ☐Bipolar ☐15 ☐Other:_____ Sticker: Model No. Serial No.
Smoke Evacuator ☐N/A	☐Yes
Ligasure ☐N/A	☐Yes
Harmonic Scalpel ☐N/A	☐Min/Max2/5 ☐Min/Max3/5
Insufflator ☐N/A	☐Preset Pressure 15 ☐other:_____ Flow Rate ☐ 20 ☐40 ☐other:____ Volume used_____ L Sticker: Model No. Serial No.
Drains ☐N/A	
Jackson Pratt	Site: Size: ☐Sutured
Hemovac	Site: Size: ☐Sutured
Other	Site: Size: ☐Sutured

Surgeon Notified after 1 hr and at 15-minute intervals thereafter ☐Yes ☐No Initial:

Comments:

Skin intact PREoperative: ☐Yes ☐No

Skin intact POSToperative: ☐Yes ☐No

Comments:

Southern Health Santé Sud

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Implants
☐N/A

Local Anesthetic ☐N/A	☐Bupivacaine ☐with Epinephrine ☐0.25% ☐ 0.50% ☐ 1% ☐ 2% ☐ Site:_____ _____ml	Packing ☐N/A	Type :_____ Amount/length:_____ Location:_____
	☐Xylocaine ☐with Epinephrine ☐0.25% ☐ 0.50% ☐ 1% ☐ 2% ☐ Site:_____ _____ml	Closure/Skin Sutures ☐N/A	☐Subcuticular ☐Skin Staples ☐Prineo ☐Interrupted ☐Dermabond ☐Steri strips ☐Other:_____
Xylocaine Viscous Xylocaine Spray ☐N/A	_____ml Site:_____ Sprays: _____	Dressing ☐N/A	☐Secure Dressing: X_____ ☐OP Site Spray ☐Other:_____
Antibiotics ☐N/A	☐Preop ☐intra-OP ☐see anesthesia record Time:_____ Initials:_____ ☐Cefazolin ___g ☐Clindamycin _____mg ☐Metronidazole_____mg		☐4x4 ☐4x8 ☐Abdominal Pad ☐Hypafix Tape ☐Tensor ☐Shoulder Immobilizer size:_____ ☐Back Slab site:_____
Periarticluar Infiltrate ☐N/A	☐NaCl 0.9% 30ml ☐Ropivacaine _____mg ☐Epinephrine 0.6 mg ☐Ketorolac 30mg ☐Tranexamic Acid 1000mg	Patient Transported To:	☐PACU ☐ICU ☐Ward ☐Other: _____ **Via:** ☐Stretcher ☐Bed ☐Other: _____ **Position:** ☐Supine ☐ Right Lateral ☐Left Lateral
Irrigation ☐N/A	☐NACL 0.9% ☐Sterile water ☐Other:_____		
Site:	☐Shoulder ☐Bladder ☐ Knee ☐Abdomen ☐ Other: _____ Volume:		
Additive:	☐Epinephrine ☐Other: _____ Amount: _____		
Blood Products ☐N/A	☐See Cumulative Blood Record Estimated Blood loss:_____ mls		

Specimens: X_____ ☐N/A	
OR Nursing Notes	

OR Circulating Nurse or Designate signature:_____ Date: _____