



Bethesda Boundary Trails Carman Portage Ste. Anne

SURGICAL SLATING FORM - EMERGENCY

Date: _____ **Time:** _____

SURGEON TO COMPLETE:

Patient Name: _____

PHIN: _____ DOB: DD/MM/YYYY WARD: _____

CLASSIFICATION: C/S called at _____ Initiation of surgical incision _____

- E1 Emergent life/limb - Immediately
- E2 Critical - within 6 hours
- E3 Urgent - within 24-48 Hours
- E4 Expedited - within 1 week

C-Section

- Crash - as soon as possible; within 30 minutes.
- Emergent - within 60 minutes.
- Urgent - within 120 minutes

Surgical Procedure: _____

Surgeon _____ Assist: _____

Booked with Anesthesia: Yes No Time: _____ Anesthetist: _____

OR Notified: Yes No Time: _____ Whom: _____

Special Equipment Required: _____

Out/Admit Inpatient SDS (outpatient)

Last Oral Intake (Date/time): _____

ARO: Yes No TB M.H. Height: _____ Weight: _____ BMI: _____

CASE CONCERNS:

Do you wish to have this case reviewed? Yes No

Surgery Date: _____ Time: _____

MEDICAL RECORD #: _____ **VISIT (ADT) #:** _____ **SIMS Case ID#:** _____