

PERIOPERATIVE NURSING NOTE

Date: _____ OR Room: _____ Procedure: _____

PREOPERATIVE ASSESSMENT

Nursing Care Plan	Evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No – See narrative	Goals Met: <input type="checkbox"/> Yes <input type="checkbox"/> No - See narrative
Problem	Goal/Outcome	Intervention
1. Anxiety r/t surgical procedure and separation from significant others	Pt verbalizes concerns Pt exhibits relaxed body posture	Greet pt, answer questions clearly Discuss OR routine

Patient Questions:

Verify pt: Verbal I.D. Band Chart Parent Guardian Other _____
 Verify Procedure: Verbal Consent Surgical site checklist
Allergies (Medications and Latex): No Yes: _____
 NPO since: _____ Voided: Yes No
 Personal Items: None Item/disposition: _____
 Preop Skin Prep: None Showers Douche Other _____
 Family Waiting: No Who/Where: _____

Chart Questions:

H&P on chart: Yes No
 Antibiotics ordered: Yes No
 Labs: None ordered CBC UA HCG Other: _____
 Blood Ordered: T&S – T&C completed: Yes No NA
 EKG on chart: Yes No - Imaging Studies with chart: Yes No

Current Behavior:

Alert Calm Anxious Restless Unresponsive Tearful Playing Sedated Confused
 Communication/Language Limitations: None Yes _____

Preoperative Instructions:

Verbal understanding of preoperative instruction expressed: Yes No: _____
 - Instructions include: time delay, room temp, safety measures, monitory equipment, positioning, PACU routine

Preop skin conditions of areas observed: No alterations noted See narrative (examples: abrasions, pustules, open wounds, rash, cut, nicks)

TED Hose: Yes No **SCD Hose:** Yes No

Narrative: None _____

RN Signature: _____ Hold Area Ward OR

INTRAOPERATIVE NURSING NOTE - Admitted via: Gurney Bed Crib Other: _____

Nursing Care Plan	Evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No - See narrative	Goals Met: <input type="checkbox"/> Yes <input type="checkbox"/> No - See narrative
Problem	Goal/Outcome	Intervention
2. Potential for impaired tissue integrity and injury r/t intra-op: procedure length, positioning, use of sharps, sponges, instruments, and ESU	Skin integrity will be intact No ESU injury, nerve injury, or loss of movement or sensation will be evident Final sharps/sponge count will be correct	Pad all pressure areas appropriately Verify proper position/alignment Apply ESU ground pad. Shave if necessary Use webril to pad tourniquet and plastic cover to prevent pooling of prep solution Counts done as appropriate for case

Addressograph:

POSITIONING

Positioned by: _____

Supine Lithotomy Prone Flex
 Lateral R (down) L (down)
 Sitting Other: _____

Safety Strap: Thighs Torso Continuous Pre / Post
 Other: _____

Arms: Padded Board: R L Padding: R L
 At Side: R L Secured: R L
 Arms positioned less than 90 degrees
 Other: _____

POSITIONING

Padding/Positioning Equipment	<input type="checkbox"/> Bean Bag:	<input type="checkbox"/> Hip Positioner:
<input type="checkbox"/> Head Support	<input type="checkbox"/> Egg Crate:	<input type="checkbox"/> Hip FX Table:
<input type="checkbox"/> Axillary Roll:	<input type="checkbox"/> Stirrups:	<input type="checkbox"/> Shoulder Table Attachment:
<input type="checkbox"/> Roll/Bump:	<input type="checkbox"/> Arm Support:	<input type="checkbox"/> Shoulder Boom:
<input type="checkbox"/> Gel Pad:	<input type="checkbox"/> Knee Support:	<input type="checkbox"/> Other:

EQUIPMENT

Cautery <input type="checkbox"/> NA	Coag	Cutting	Bipolar	Pad #	Applied by	Area Shaved
Unit#						<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit#						<input type="checkbox"/> Yes <input type="checkbox"/> No
Pad Site:	<input type="checkbox"/> Left Thigh	<input type="checkbox"/> Left Flank	<input type="checkbox"/> Right Thigh	<input type="checkbox"/> Right Flank	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Other:

Tourniquet:

<input type="checkbox"/> NA	<input type="checkbox"/> Unit #	Applied by:
<input type="checkbox"/> R Arm	<input type="checkbox"/> L Arm	mmHg: On: Off: Total:
<input type="checkbox"/> R Leg	<input type="checkbox"/> L Leg	mmHg: On: Off: Total:

SCD:

<input type="checkbox"/> NA	Unit#	Pressure(mmHG) set at: <input type="checkbox"/> 45 <input type="checkbox"/> Other:
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Other Equipment:

<input type="checkbox"/> NA <input type="checkbox"/> Other:

Nursing Care Plan	Evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No - See narrative	Goals Met: <input type="checkbox"/> Yes <input type="checkbox"/> No - See narrative
Problem	Goal/Outcome	Intervention
3. Potential for infection r/t surgical incision and possible wound contamination	Pt will be free of wound infection	Strict aseptic technique maintained throughout procedure; keep OR traffic to minimum Site prepared with appropriate antiseptic
4. Potential alteration in body temperature r/t cool OR and surgical exposure	Conservation of body temp. will be maintained during intra-op period to avoid physiologic stress	Apply pre-warmed blankets Use warming blankets or lights Increase room temp. for infants/elderly

Shave Intra-op:	<input type="checkbox"/> NA <input type="checkbox"/> Site:	By:
Prep:	<input type="checkbox"/> None <input type="checkbox"/> Hibiclens <input type="checkbox"/> Prevail <input type="checkbox"/> Povidone Scrub <input type="checkbox"/> Povidone Solution <input type="checkbox"/> Other:	By:
Prep Site:		
Urine:	<input type="checkbox"/> NA <input type="checkbox"/> Cath Type: Color: Output: Removed <input type="checkbox"/> Yes <input type="checkbox"/> No	By:

Drains/Tubes/Packing:	<input type="checkbox"/> NA <input type="checkbox"/> Type:
Dressings:	<input type="checkbox"/> Xeroform <input type="checkbox"/> Plains <input type="checkbox"/> Abd <input type="checkbox"/> Webriil <input type="checkbox"/> Kling <input type="checkbox"/> Kerlix <input type="checkbox"/> Ace <input type="checkbox"/> Steri-Strip <input type="checkbox"/> Band-Aid
Dressings Cont'd:	<input type="checkbox"/> Other:
Tape:	<input type="checkbox"/> Paper <input type="checkbox"/> Silk <input type="checkbox"/> Foam <input type="checkbox"/> Medipore <input type="checkbox"/> Other:
Post-Op Ground Pad Site:	<input type="checkbox"/> NA <input type="checkbox"/> Skin clear and intact <input type="checkbox"/> Comments:

MEDICATIONS/IRRIGATIONS

1.	4.
2.	5.
3.	6.

Intra-op X-rays:	<input type="checkbox"/> None <input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	<input type="checkbox"/> Staff/Pt protection:
Laser:	<input type="checkbox"/> None <input type="checkbox"/> See Laser Report	<input type="checkbox"/> Staff/Pt protection:
Implants:	<input type="checkbox"/> None <input type="checkbox"/> See Operative Report	

Discharge to:	<input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> APU <input type="checkbox"/> MS5 <input type="checkbox"/> OTHER:
Via:	<input type="checkbox"/> Gurney <input type="checkbox"/> Bed <input type="checkbox"/> Crib <input type="checkbox"/> Other:

Narrative:	<input type="checkbox"/> Sterility of all equipment/consumables was verified by checking all sterility indicators prior to adding to sterile field. _____
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NURSE:	Initials:
NURSE:	Initials/Relief Time:
SCRUB TECH:	Initials:
SCRUB TECH:	Initials/Relief Time: