

***NOTE:** This chart can be printed and placed in a binder or in a location for staff to view. This chart may appear slightly different in your site.

OR Nurse Desktop - (ABATEST/ABA.TESTS.67/DTH.TESTS.67 - Test) - Vanessa J Braat

**Udorm Itchymule,
Marta River** REPAIR HERNIA INGUINAL INCARCERAT... Left GG0000167/15 GG00050419

46/F 28/02/1968 ADM IN Allergy/AdvReac: Strawberry,[(More)]

Operative Record Implants Misc Charges

Operation Date: 24/02/15

Operative Record

Times

Actual Operation Date	24/02/15	Actual Time	1000	
Operating Room	DRDOR1		RED DEER OR 01	
Description	Time	Date	Delay Reason	Minutes
Patient in Room				
Anes Pt Contact Room				
Procedure Start				
Procedure Finish				
Patient Out of Room				

Staff

Assisting Surgeons	<input checked="" type="checkbox"/> Caddy, Bryan J.V. ☺
Anesthesiologist	PETTJEFF Petty, Jeffrey M. ☺
Other Anesthesiologists	
Circulator Staff	
Scrub Staff	
Nurse-Other Staff	
DI/RESP/RNFA Staff	
Visitor/Vendor Staff	
Physician-Other Staff	

Position/Positioning Devices

Positions	<input checked="" type="checkbox"/> ARM EXTENDED BILATERAL <input type="checkbox"/> ARM EXTENDED LEFT <input type="checkbox"/> ARM EXTENDED RIGHT <input type="checkbox"/> ARM TUCKED BILATERAL <input type="checkbox"/> ARM TUCKED LEFT <input type="checkbox"/> ARM TUCKED RIGHT <input type="checkbox"/> FOWLERS MODIFIED <input type="checkbox"/> LATERAL LEFT <input type="checkbox"/> LATERAL RIGHT <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> OTHER <input type="checkbox"/> PRONE <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> TRENDLENBURG
Devices	<input type="checkbox"/> ARM BI OVER CHEST-BLANKET <input type="checkbox"/> ARM HOLDER KRAUSE LEFT <input type="checkbox"/> ARM HOLDER KRAUSE RIGHT <input type="checkbox"/> ARM LT OVER CHEST-BLANKET <input type="checkbox"/> ARM LT OVER CHEST-TAPE <input type="checkbox"/> ARM RT OVER CHEST-BLANKET <input type="checkbox"/> ARM RT OVER CHEST-TAPE <input checked="" type="checkbox"/> ARM SECURED BIL <input type="checkbox"/> ARM SECURED LT <input type="checkbox"/> ARM SECURED RT <input type="checkbox"/> ARM SLED BIL <input type="checkbox"/> ARM SLED LT <input type="checkbox"/> ARM SLED RT <input type="checkbox"/> BLANKET-ARM LATERAL POS <input type="checkbox"/> CHINESE FINGER TRAP <input type="checkbox"/> DONUT UNDER HEAD <input type="checkbox"/> FOOTBOARD <input type="checkbox"/> GOGGLES <input type="checkbox"/> MATTRESS EGG CRATE <input type="checkbox"/> MAYO wPAD-ARM LATERAL POS <input type="checkbox"/> OTHER SEE COMMENTS <input checked="" type="checkbox"/> PADDING ELBOW BIL <input type="checkbox"/> PADDING ELBOW LT <input type="checkbox"/> PADDING ELBOW RT <input type="checkbox"/> PADDING FOOT/ANKLE BIL <input type="checkbox"/> PADDING FOOT/ANKLE LT <input type="checkbox"/> PADDING FOOT/ANKLE RT <input type="checkbox"/> PADDING GEL ON MATTRESS <input type="checkbox"/> PADDING HAND BILATERAL <input type="checkbox"/> PADDING HAND LEFT <input type="checkbox"/> PADDING HAND RIGHT <input type="checkbox"/> PADDING KNEES <input type="checkbox"/> PADDING MEGADYNE <input type="checkbox"/> PADDING PRESSURE POINTS <input type="checkbox"/> PILLOW - ARMS LATERAL POS <input type="checkbox"/> PILLOW BETWEEN LEGS <input type="checkbox"/> PILLOW UNDER KNEES <input type="checkbox"/> PILLOW UNDER LEGS <input type="checkbox"/> POSITION TOWER EXTREMITY <input type="checkbox"/> POSITIONER ALVARADO

<input type="checkbox"/>	POSITIONER KNEE HOLDER	<input type="checkbox"/>	POSITIONER KORBYL BUMP
<input type="checkbox"/>	POSITIONER LATERAL	<input type="checkbox"/>	POSITIONER LATERAL IMP
<input type="checkbox"/>	POSITIONER LEG OXFORD	<input type="checkbox"/>	POSITIONER LEG TENET
<input type="checkbox"/>	POSITIONER MONTREAL	<input type="checkbox"/>	POSITIONER SHOULD STRYKER
<input type="checkbox"/>	POSITIONER SPIDER	<input type="checkbox"/>	POSITIONER TROOP PILLOW
<input type="checkbox"/>	POST ARTHROSCOPY AFFECTED	<input type="checkbox"/>	POST KNEE
<input type="checkbox"/>	POST PERINEAL PADDED	<input type="checkbox"/>	PROCD DONE ON STRETCHER
<input type="checkbox"/>	ROLL AXILLARY	<input type="checkbox"/>	ROLL CHEST
<input type="checkbox"/>	ROLL FOREARM LT	<input type="checkbox"/>	ROLL FOREARM RT
<input type="checkbox"/>	ROLL SHOULDER	<input type="checkbox"/>	SAFETY STRAP - BELOW KNEE
<input checked="" type="checkbox"/>	SAFETY STRAP - THIGHS	<input type="checkbox"/>	SAND BAG UNDER HIP LT
<input type="checkbox"/>	SAND BAG UNDER HIP RT	<input type="checkbox"/>	SHOULDER FLOAT UNAFFECTED
<input type="checkbox"/>	STIRRUP ALLEN	<input type="checkbox"/>	STIRRUP CANDY CANE
<input type="checkbox"/>	STIRRUP LAPAROSCOPY	<input type="checkbox"/>	STIRRUP UROLOGY (BLACK)
<input type="checkbox"/>	STIRRUP YELLOW FIN	<input type="checkbox"/>	TABLE EYE STRETCHER
<input type="checkbox"/>	TABLE FRACTURE	<input type="checkbox"/>	TABLE HAND AFFECTED SIDE
<input type="checkbox"/>	TAPE EYES CLOSED BIL	<input type="checkbox"/>	WEDGE
<input type="checkbox"/>	WEDGE UNDER LEFT HIP	<input type="checkbox"/>	WEDGE UNDER RIGHT HIP

Preparation/Catheters/Drains/SSC

Preparation	PREPARATIONS ①
Catheters/Drains	CATHETERS AND DRAINS ①
Operative CDS 5	Stats Reporting ①

Equipment

Equipment	<input type="checkbox"/> BODY WARMER (BAIR HUGGER)	<input type="checkbox"/> ELECTROSURGICAL UNIT (CAUTERY)
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Medications/Intakes/Outputs

Medications	
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Intakes	Total:	0
Outputs	Total:	0

Specimens/Cultures

Specimens	
Cultures	

Dressings/Packings

Operative CDS 2	Dressing and Packing ①
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Notes

Notes	
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Transfer/Diagnosis

Outcome	<input type="radio"/> ABORTED ANESTHESIA <input type="radio"/> ABORTED EQUIPMENT <input type="radio"/> ABORTED PATIENT DEATH <input type="radio"/> ABORTED SURGEON <input type="radio"/> COMPLETED		
Destination	<input type="radio"/> AMBULATORY CARE <input type="radio"/> BLOCK ROOM <input type="radio"/> DAY SURGERY <input type="radio"/> DIAGNOSTIC IMAGING <input type="radio"/> DISCHARGED <input type="radio"/> EMERGENCY DEPARTMENT <input type="radio"/> HOLDING AREA <input type="radio"/> INTENSIVE CARE UNIT <input type="radio"/> MORGUE <input type="radio"/> OPERATING ROOM <input checked="" type="radio"/> POST ANESTHESIA CARE UNIT <input type="radio"/> SPECIAL CARE UNIT <input type="radio"/> TERTIARY FACILITY <input type="radio"/> UNIT		
Transfer Method	<input type="radio"/> AMBULATORY <input type="radio"/> BED <input type="radio"/> CARRY <input type="radio"/> CRIB <input type="radio"/> OTHER <input checked="" type="radio"/> STRETCHER <input type="radio"/> STRETCHER EYE <input type="radio"/> WHEELCHAIR		
Report Given To			
Temporary Location			
Pre-Op Diagnosis			
Post-Op Diagnosis			

Procedure Data

Actual Procedures	
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Anesthesia Type	<input type="radio"/> BLOCK ANKLE <input type="radio"/> BLOCK CAUDAL <input type="radio"/> BLOCK FEMORAL NERVE <input type="radio"/> BLOCK LUMBAR PLEXUS <input type="radio"/> BLOCK PERIBULBAR <input type="radio"/> BLOCK SCIATIC NERVE <input type="radio"/> CONSCIOUS SEDATION <input type="radio"/> EPIDURAL & SPINAL <input type="radio"/> GENERAL & REGIONAL <input type="radio"/> MONITORED ANESTHESIA <input type="radio"/> RETRO/PERIBULBAR <input type="radio"/> SPINAL & EPIDURAL	<input type="radio"/> BLOCK AXILLARY <input type="radio"/> BLOCK CONT BRACHPLEX <input type="radio"/> BLOCK INFRACLAVICULA <input type="radio"/> BLOCK NO ANESTHETIST <input type="radio"/> BLOCK POPLITEAL NERV <input type="radio"/> BLOCK SUPRACLAVICULA <input type="radio"/> EPIDURAL <input checked="" type="radio"/> GENERAL <input type="radio"/> GENERAL & SPINAL <input type="radio"/> NONE <input type="radio"/> SPINAL <input type="radio"/> SPINAL & GENERAL	<input type="radio"/> BLOCK BIER <input type="radio"/> BLOCK CONT FEM NERVE <input type="radio"/> BLOCK INTERSCALENE <input type="radio"/> BLOCK PARAVERTEBRAL <input type="radio"/> BLOCK REGIONAL <input type="radio"/> BLOCK THREE IN ONE <input type="radio"/> EPIDURAL & GENERAL <input type="radio"/> GENERAL & EPIDURAL <input type="radio"/> LOCAL <input type="radio"/> REGIONAL & GENERAL <input type="radio"/> SPINAL & BLOCK <input type="radio"/> TOPICAL NO ANESTHET
ASA Class	<input type="radio"/> ASA1 PLUS EMERGENCY <input type="radio"/> ASA3 PLUS EMERGENCY <input type="radio"/> ASA5 PLUS EMERGENCY <input type="radio"/> MODERATE SYSTEMIC DISEASE <input type="radio"/> ORGAN TRANSPLANTATION <input type="radio"/> SEVERE DISEASE	<input type="radio"/> ASA2 PLUS EMERGENCY <input type="radio"/> ASA4 PLUS EMERGENCY <input type="radio"/> LIFE THREATENING DISORDER <input type="radio"/> NORMAL HEALTHY PATIENT <input type="radio"/> PATIENT SURVIVAL EXP <24 HRS	
Case Type	<input checked="" type="radio"/> Planned <input type="radio"/> Emergency <input type="radio"/> Urgent		
Other			
Operative CDS 1			
Vital Signs			
Invasive Procedures			