McLAREN FLINT

DATE / /
O.R. ROOM NO.
PT. TIME IN RM
PT. TIME OUT RM

PRE-OP DIAGNOSIS

OPERATION

POST-OP DIAGNOSIS

SURGEON	START_________	END__________
SURGEON	START_________	END__________
SURGEON	START_________	END__________
SURGEON	START_________	END__________
RESIDENT/STUDENT		
RESIDENT/STUDENT		
PA/RNFA		
PERFUSIONIST / ASSISTANT		
ANESTHESIOLOGIST		
CRNA	RELIEF	
VISITOR		
SCRUB NURSE		
SCRUB NURSE		
RELIEF	START:	STOP:
RELIEF	START:	STOP:
CIRCULATING NURSE		
CIRCULATING NURSE		
RELIEF	START:	STOP:
RELIEF	START:	STOP:

PATIENT POSITION ☐ SUPINE ☐ PRONE ☐ LITHOTOMY ☐ LATERAL ☐ JACKKNIFE ☐ FX TABLE ☐ BEACH CHAIR

R L R L

GROUND PAD SITE CLEAR ☐ YES ☐ NO ☐ NA

ARM POSITION
SIDE ☐ L ☐ R OTHER*
BOARD ☐ L ☐ R _______________

POSITIONING AID: ☐ TAPE ☐ SANDBAG ☐ LUMB. LIFT ☐ AXILLARY ROLL ☐ KIDNEY REST ☐ CHEST ROLL ☐ PILLOWS ☐ ELBOW PADS ☐ ARM STRAP ☐ GEL PADS ☐ BLANKETS ☐ SAFETY BELT ☐ LEG HOLDER ☐ SHOULDER ROLL ☐ STIRRUPS ☐ ADJ. BOOTS ☐ BEAN BAG ☐ FOOT BOARD ☐ LEG PAD ☐ PEG BOARD

△NIBP
X MONITOR LEADS
☐ GROUND PAD
√ I.V. SITE
O PULSE OXIMETER
+ R_2 PAD
/ TEE
↔ TOURNIQUET
> MONITORING
▽MAGNET
☆ OTHER

Final Time out Time _____
Identity stated ☐ Band ☐
Correct side/site confirmed ☐
Consent ☐
Procedure confirmed ☐
Correct position ☐
Images avail. Yes ☐ No ☐ N/A ☐
Antibiotics Yes ☐ No ☐ N/A ☐
Safety precautions (meds, pt. hx) Yes ☐

* REQUIRES COMMENT ON INTRAOPERATIVE RECORD ADDENDUM

IMPLANTS. Yes ☐ No ☐

ANESTHESIA BEGIN ASA ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

ADMISSION TYPE ☐ IN PT. ☐ OUT PT. ☐ SDA ALLERGIES ☐ YES ☐ NO

SURGERY TYPE ☐ URGENT ☐ EMERGENCY ☐ ELECTIVE

PATIENT I.D. VERIFIED ☐ VERBAL CORRECT SITE ☐ BAND ☐ VERBAL ☐ CONSENT
LEVEL OF CONSCIOUSNESS RESPONDS APPROPRIATELY ☐ YES ☐ NO
NPO ☐ YES ☐ NO

ANESTHESIA ☐ GEN ☐ MAC ☐ SPINAL ☐ Local ☐ EPIDURAL ☐ REGIONAL ☐ BL-GEN* ☐ SPINAL-GEN*

SKIN PREP ☐ PROVIDONE SCRUB ☐ PROVIDONE SOLUTION ☐ OTHER N/A ☐ ☐ DURA PREP ☐ CHG ☐ HAIR CLIPPED

BLOOD: ☐ NO ☐ PC ☐ CRYO ☐ FFP ☐ PLATELETS ☐ AUTOL.

IRRIGATING SOLUTIONS ☐ NO ☐ WARMED VOLUME
TYPE

MEDICATIONS ☐ NO

WOUND CLASS ☐ CLEAN ☐ CLEAN CONTAM ☐ CONTAMINATED ☐ DIRTY

PATH SPEC.
READ BACK ☐
TOTAL NUMBER_____
1. ______
2. ______
3. ______
4. ______

CULTURES: ☐ NO ☐ AEROBIC ☐ ANAEROBIC ☐ OTHER__________ SITE:__________

LASER ☐ NO ☐ CO_2 ☐ OTHER ☐ HOLMIUM

VTE PROPHYLAXIS ☐ SCD ☐ *OTHER PAS S/N_______

THERMAL BLANKET SN TEMP. OVER PT ☐
WARMING BLANKET WARMING GOWN SETTING:
ESU SN__________
GRD. PAD NO. __________
ESU SN__________
GRD. PAD NO.__________
BIPOLAR ESU SN__________
OTHER __________
GRD PAD NO __________
SN__________
INITIALS__________

TOURNIQUET RIGHT T ↑_____
SN__________
PRESSURE_______ mm/HG T ↓_____

TOURNIQUET LEFT T ↑_____
SN__________
PRESSURE_______ mm/HG T ↓_____

X-RAYS ☐ NO
☐ RAD. TECH:__________ ☐ MINI C-ARM
☐ FILM SITE: __________ FLUORO SITE:________

PACKS
DRAINS DRESSING/CAST

SURGICAL COUNTS

C - COR. I = INCOR.	1ST	2ND	3RD	4TH	IF INCORRECT, X-RAY TAKEN ☐ YES ☐ NO IF NO, COMMENT*
SPONGES				COMMENT	
INSTR.					
NEEDLES					
MISC.					
INITIALS					

PT. CHECKED FOR CLEANLINESS ☐ YES ☐ NO

SKIN INTEGRITY ☐ INTACT ☐ *OTHER

DISCHARGED TO: ☐ PACU ☐ ICU ☐ UNIT ☐ POCU ☐ CCU ________
VIA: ☐ BED ☐ STRETCHER ☐

COMPLETED BY: R.N.

NO DOCUMENTATION BELOW THIS LINE

INTRA OPERATIVE RECORD

WHITE
YELLOW
M-1765A REV. 6/14
MEDICAL RECORDS

260b

PT.
MR.#/RM.
DR.