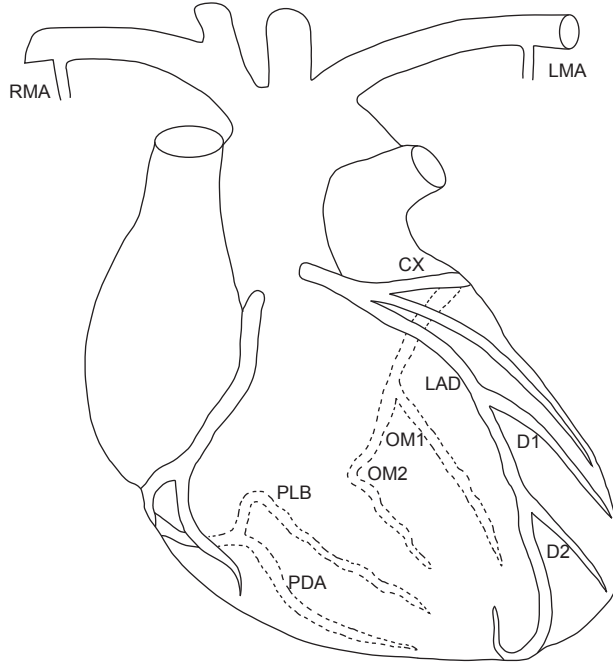


CARDIOTHORACIC SURGERY POST-OPERATIVE DIAGRAM AND NOTE

NOTATIONS

All Bold Elements REQUIRED by CMS & Joint commission. Please Fully Complete



Date of Procedure: ____ / ____ / 20____

Surgeon: _____ Assistant(s): _____

Pre-Operative Diagnosis: _____

Post-Operative Diagnosis: _____

Procedure(s) Performed: 1) _____

2) _____

3) _____

4) _____

Findings/Complications: _____

No Blood Loss unless noted: _____

No Specimens unless noted: _____

Drains: Pericardial x _____

L Pleural

R Pleural

R / L Pleura opened

Pacing Wires: Atrial x _____

Ventricular x _____

Atrial to cut

Ventricular to cut

Blood Products: PRBC's x _____ U

FFP x _____ U

Platelets x _____ U

Cell Saver: _____ cc

ANH: _____

Physician's Signature _____

Date/Time: _____

(Full Report to follow)

CARDIOTHORACIC SURGERY POST-OPERATIVE DIAGRAM AND NOTE

