

Intraop Anes/Circ RN Record

These are the documents used for
independent documentation of Surgeon of
Record

ANESTHESIA RECORD

PAGE OF 1 AGE 40 ASA 1 2 3 4 5 E

Site _____

Arterial Line	Radial	R L	Femoral	R L
CVP	IJ	R L	Subclavian	R L
Swan Ganz	IJ	R L	Subclavian	R L

IV Sedation for eye block start/stop below

Anesthesia Stop _____

Surgeon _____ Anesthesiologist _____ CRNA _____

Diagnosis Open fracture of 4th & 5th metatarsals

Procedure ORIF 4th & 5th metatarsals

Modified Chart Reviewed

Permit Signed Band checked

Surgical Site verification

Machine check prior to use # _____

Pre-anesthetic Status:

Awake Calm

Sleepy Aggravated

Uncomfortable Sedative ordered

Uncooperative Unresponsive

Safety Belt on Armboard Restraints

Airway Tucked

Pressure points checked and padded

Positioning roll

Eye Care: Ointment Saline

Taped Padded Goggles

Continuous EKG Pulse Oximeter

Non-invasive B/P Left Right

Gas Analyzer End Tidal CO2

Airway Humidifier

Steth Precord. Esoph

Nerve Stimulator NG OG

Fluid Warmer Convection warmer

Foley Upper body Lower body

Hypotensive Technique

Hemodilution Intraop Salvage

Endobronchial size _____ Fr

General: Inhalation Intravenous

LMA Pre-Oxygenation LTA

Rapid Sequence Cricoid Pressure

Intubation: ET size 7.0

Agonist Magill R.A.E. Laser

Cuffed Uncuffed, leaks at _____ cm H2O

Magill Direct Fiber optic Blind

Blade # 2 Miller mac Secured @ 18cm

ET CO2 present SBSE

Atraumatic Difficult Attempts 2

Orientation Unchanged

Airway: Oral Nasal

Oxygen: Tracheotomy Tpiece

Nasal Cannula O2 mask

arrived Intubated NRB mask

Time Out performed prior to block

Regional: Spinal Epidural Arde

Axillary Paravertebral Block

ITAP Popliteal Intra-artic

Femoral Other _____

Right Left _____

US Guidance Image retained

Local _____ Site _____

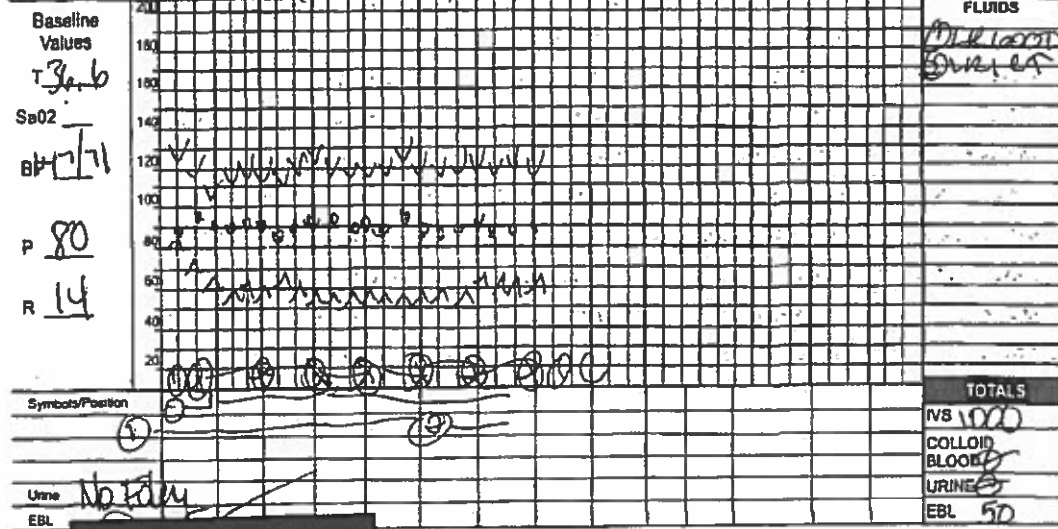
Needle _____ Level _____

Drug/Dose _____

Attempts X _____ Time _____

Signature _____

Monitoring Time Line	0-2	2-4	4-6	6-8	8-10	10-12	12-14	14-16	Totals
O2 l/min	6	2	1	1	1	1	1	1	10
FiO2	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
Forane / Des / Bevo	1.8	2	1.8	1.8	1.8	1.8	1.8	1.8	15.2
SpO2	100	100	100	100	100	100	100	100	100
MAP	80	80	80	80	80	80	80	80	80
Mv / Roc / Cise / Pav	30	30	30	30	30	30	30	30	30
Fentanyl	0	0	0	0	0	0	0	0	0
Midazolam	0	0	0	0	0	0	0	0	0
Vecuronium	8	10	10	10	10	10	10	10	80
Succinylcholine	0	0	0	0	0	0	0	0	0
End	50	50	50	50	50	50	50	50	50
% O2 inspired	21	21	21	21	21	21	21	21	21
O2 Saturation	100	100	100	100	100	100	100	100	100
End Tidal CO2	4	4	4	4	4	4	4	4	4
Temp. (core)	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
CVP	10	10	10	10	10	10	10	10	10
Pa	80	80	80	80	80	80	80	80	80
PCWP	10	10	10	10	10	10	10	10	10
CO/CI	4	4	4	4	4	4	4	4	4
Tidal Volume	500	500	500	500	500	500	500	500	500
Resp. Rate	12	12	12	12	12	12	12	12	12
Peak Pressure	18	18	18	18	18	18	18	18	18
PEEP	5	5	5	5	5	5	5	5	5
TOF	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1



Preop Antibiotics Drug/Dose: Micet 2gm @ 1604

Started at: _____

Incision at: 1924

Remarks: _____

Reversal Agents: Neostigmine 5 mg, Glycop/Atropine 1 mg

SYMBOLS:

X ANESTHESIA	• PULSE
○ OPERATION	○ SPONT. RESP.
∇ BIP/CUFF PROBLEMS	○ ASSISTED RESP.
↓ CONTROLLED RESP.	○ CONTROLLED RESP.
↑ ARTERIAL LINE PRESSURE	○ ICB/BLIND
S MEAN ARTERIAL PRESSURE	

TOTALS: IVS 1000, COLLOID BLOOD, URINE 50, EBL 50

Example of Circulating Nurse Report: Your Institution's Report May Look Different



Nursing Intraop Record

Patient:



CC #:

MRN:

Acct #:

Sex:

DOB:



Patient Information

Admission Type:

OP

Visitors Waiting:

Spouse

Procedure Information

Procedure Date:



OR #:

OR 18

Sch Case Time:

Anesthesia Type

General

ASA:

IE

Case Type:

Emergency

Preop Diag:

Fracture; Foot, left

Postop Diag:

Fracture; Foot, left

Procedure:

ORIF 4 TH AND 5 TH METATARSAL LEFT FOOT WITH PRIMARY CLOSURE AND SPLINT

Procedure(s)

I&D, Extremity: LEFT FOOT

Surgeon



Primary

Open Reduction Internal Fixation Toe

Radiology Usage

C-Arm-Mini

Prep Location

Left ; Foot

Prep

Betadine paint

Position

Safety strap on ; Supine ; Arm(s) papooseed to side(s)

Consent Status

Anesthesia consent; Completed - copy on chart

Blood consent; Completed - copy on chart

Operative consent; Completed - copy on chart; Signed, Correct, Verbally confirmed.

Verification



Patient verification -- ID Band; Name: Age: Verbally Confirmed; Allergy Band, if applicable; Date of Birth