Intraop Anes/Circ RN Record

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

**Patient Information:**
- **Name:** [Redacted]
- **Age:** 40
- **Sex:** Female
- **ASA:** 4

**Site:**
- **Arterial Line:** Right R L
- **CVP:** Right R L
- **Swan Ganz:** Right R L

**IV Sedation for Eye Block note start/stop below:**
- [Redacted]

**Anesthesia Provider:** [Redacted]

**Surgeon:** [Redacted]

**Diagnosis:** [Redacted]

**Procedure:** [Redacted]

**Monitoring:**
- **Blood Pressure:** [Redacted]
- **Heart Rate:** [Redacted]
- **Respiration Rate:** [Redacted]
- **SpO2:** [Redacted]

**Medications:**
- **Propofol:** [Redacted]
- **Racemic Ephedrine:** [Redacted]
- **Fentanyl:** [Redacted]
- **Suxamethonium:** [Redacted]

**Fluoroscopy:**

**Reversal Agents:**
- **Atropine:** [Redacted]
- **Dopamine:** [Redacted]

**Original Medical Record:** [Redacted]

**Environmental Time Out:**

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**Attention:** This is an example of an intraoperative anesthesia record. Your institution's report may look different.
Example of Circulating Nurse Report: Your Institution's Report May Look Different

Nursing Intraop Record

Patient:
CC #: [Redacted]
MRN: [Redacted]
Acct #: [Redacted]

Sex: [Redacted]
DOB: [Redacted]

Patient Information
Admission Type:
Visitors Waiting: OP
Spouse

Procedure Information
Procedure Date:
Sch Case Time:
Anesthesia Type: General
ASA: 1E
Case Type: Emergency
Preop Diag: Fracture; Foot, left
Postop Diag: Fracture; Foot, left
Procedure: ORIF 4TH AND 5TH METATARSAL LEFT FOOT WITH PRIMARY CLOSURE AND SPLINT

I&D, Extremity; LEFT FOOT
Surgeon: [Redacted]
Open Reduction Internal Fixation Toe

Radiology Usage
Prep Location: C-Arm-Mini
Prep: Left; Foot
Position: Betadine paint
Safety strap on; Supine; Arm(s) papoosed 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