

NOTES

NURSING DIAGNOSIS AND DESIRED OUTCOMES

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| <p>A. POTENTIAL FOR KNOWLEDGE DEFICIT REGARDING SURGICAL INTERVENTION</p> <p>B. POTENTIAL FOR ANXIETY RELATED TO SURGICAL INTERVENTION</p> <p>C. POTENTIAL FOR INJURY</p> <p>D. POTENTIAL FOR INFECTION</p> <p>E. POTENTIAL FOR HYPOTHERMIA UNDER GENERAL ANESTHESIA PRE-OP TEMP</p> | <p>A. DEMONSTRATES KNOWLEDGE OF PERIOPERATIVE EVENTS</p> <p>B. DEMONSTRATES DECREASED ANXIETY</p> <p>C. PATIENT IS FREE FROM INJURY</p> <p>D. INFECTION CONTROL MEASURES IMPLEMENTED</p> <p>E. PATIENT TEMPERATURE REMAINS ABOVE 96° F (34.5° C)</p> |
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INTRAOPERATIVE NURSING INTERVENTIONS

(B) COMFORT MEASURES GIVEN (A/B) REINFORCEMENT OF PRE-OP TEACHING (A/B) EXPLANATION OF PERIOPERATIVE EVENTS

- | | | | |
|---|--|--|--|
| <p>(C) POSITIONING</p> <p><input type="checkbox"/> SUPINE</p> <p><input type="checkbox"/> PRONE</p> <p><input type="checkbox"/> LATERAL <input type="checkbox"/> R → / <input type="checkbox"/> L ←</p> <p><input type="checkbox"/> LITHOTOMY</p> <p><input type="checkbox"/> SITTING</p> | <p><input type="checkbox"/> SAFETY RESTRAINTS</p> <p><input type="checkbox"/> PILLOWS</p> <p><input type="checkbox"/> CHEST ROLLS</p> <p><input type="checkbox"/> SHOULDER ROLLS</p> <p><input type="checkbox"/> SAND BAG</p> <p><input type="checkbox"/> KIDNEY REST</p> <p><input type="checkbox"/> DONUTS</p> | <p><input type="checkbox"/> VACIPAC POSITIONER</p> <p><input type="checkbox"/> FX TABLE</p> <p><input type="checkbox"/> SPINAL TABLE</p> <p><input type="checkbox"/> CLOWARD FRAME</p> <p><input type="checkbox"/> NEURO HEAD REST</p> <p><input type="checkbox"/> THERMAL KIT</p> <p><input type="checkbox"/> STIRRLIPS</p> | <p>ARMS POSITIONED</p> <p>(R) _____</p> <p>(L) _____</p> <p>COMMENTS:</p> <p>_____</p> |
|---|--|--|--|

(C/D) PREP IODOPHOP SCRUB AND PAINT N/A OTHER _____ DONE BY _____ SHAVEN BY _____

(E) WARMING DEVICE NO YES UNIT # _____ TEMPERATURE SETTING _____ (E) IRRIGATIONS W/ CONDITION GROUND SITE POST-OP _____

(C) ELECTRICAL SURGICAL UNIT NO YES UNIT # _____ SHAVE COAG _____ CUT _____

(C) TOURNIQUET NO YES UNIT # _____ SET @ _____ CHECK BY _____ PLACED BY _____

SPECIMEN TO LAB NO YES _____

(D) CULTURES NO YES _____ (D) DRAINS _____ (D) PACKS _____ (D) CATHETERS _____

(C) MEDICATIONS _____

DOCTOR SIGNATURE

(C/D) IMPLANT INFORMATION		COMPANY NAME	
TYPE	SIZE	CAT NO.	LOT NO.

TYPE	SIZE	CAT NO.	LOT NO.

EVALUATION / OUTCOMES

(D) WOUND CLASSIFICATION CLEAN CLEAN CONTAMINATED CONTAMINATED GROSSLY CONTAMINATED

(C) INITIAL COUNT _____

<p>C L O S I N G C O U N T</p>	SPONGE <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> N/A <input type="checkbox"/> INCORRECT	<p>SCRUB NURSE</p> <p>CIRCULATING NURSE</p> <p>IF COUNT INCORRECT ACTION TAKEN</p>
	SHARPS <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> N/A <input type="checkbox"/> INCORRECT	
	INSTRUMENTS <input type="checkbox"/> CORRECT <input type="checkbox"/> N/A <input type="checkbox"/> INCORRECT	

PATIENT DISCHARGED TO PACU ICU OP ROOM OTHER

STATUS ALERT DROWSY AWAKENING UNRESPONSIVE

- OUTCOMES**
- A. Demonstrated knowledge of anticipated perioperative events
 YES NO
- B. Demonstrated adaptive coping mechanism
 YES NO
- C. Tolerated procedure with no apparent injury
 YES NO
- D. Aseptic technique and universal precautions monitored by infection control designate
- E. PATIENT TEMPERATURE IS ABOVE 96° F AT END OF PROCEDURE
 YES NO N/A
- POST OP TEMP _____

PRINT OR IMPRINT PATIENT INFORMATION

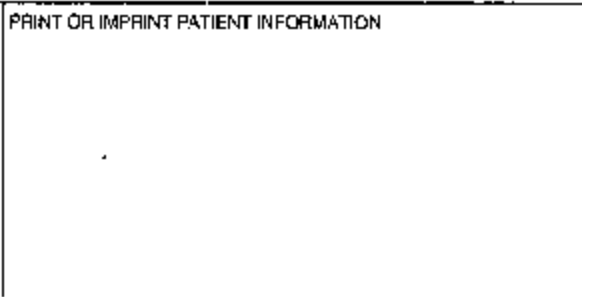
CIRCULATOR(S) SIGNATURE _____ DATE _____ REPORT GIVEN TO _____ BY _____

NOTE: * Alphabetical letters corresponding to NURSING DIAGNOSIS - Only boxes checked apply

(WHITE) - Medical Records (YELLOW) - Department

PATIENT NAME	DATE	CHK#	NOTES: <input type="checkbox"/> FAMILY CALLED INTR	
PRE-OP DIAGNOSIS				
OPERATION				
POST-OP DIAGNOSIS				
SURGEON(S)				
ASSISTANT(S)				
ANESTHESIOLOGIST		CRNA(S)		
CIRCULATOR(S)	INITIALS	RELIEF	INITIALS	IN OUT
SCRUB NURSE(S)	INITIALS	RELIEF	INITIALS	IN OUT
OTHER PERSONS: _____			<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> SCHEDULE
ANESTHETIC USED <input type="checkbox"/> GENERAL <input type="checkbox"/> REGIONAL TYPE _____			<input type="checkbox"/> MAC	<input type="checkbox"/> LOCAL

TIME TO HOLDING	TIME IN ROOM	SURGERY BEGAN	SURGERY END	TIME OUT OF ROOM	TOTAL TIME
PERIOPERATIVE NURSING ASSESSMENT:			(C) <input type="checkbox"/> ID BAND (A) <input type="checkbox"/> CONSENT SIGNED/SITE VERIFIED		
(C) ALLERGIES			(C) <input type="checkbox"/> BLOOD BAND # _____		(C) <input type="checkbox"/> DIAGNOSTIC STUDIES
(A/B) MENTAL/EMOTIONAL STATUS <input type="checkbox"/> ALERT <input type="checkbox"/> DROWSY <input type="checkbox"/> DISORIENTED <input type="checkbox"/> UNRESPONSIVE COMMENT:			(B) SENSORY LIMITATIONS <input type="checkbox"/> NONE NOTED <input type="checkbox"/> HEARING <input type="checkbox"/> SIGHT <input type="checkbox"/> SPEECH <input type="checkbox"/> LANGUAGE BARRIER COMMENT:		
<input type="checkbox"/> CALM/RELAXED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> ANXIOUS <input type="checkbox"/> CRYING <input type="checkbox"/> STATED FEARS			(B/C) CARDIOPULMONARY <input type="checkbox"/> N/A <input type="checkbox"/> CIRCULATORY AIDE DEVICE <input type="checkbox"/> QUALITY OF PULSES <input type="checkbox"/> PERFUSION OF EXTREMITIES <input type="checkbox"/> SHORTNESS OF BREATH COMMENT:		
(C/D) SKIN CONDITION (NOTE ON PATIENT DIAGRAM) <input type="checkbox"/> INTACT <input type="checkbox"/> BRUISE <input type="checkbox"/> REDDENED AREA <input type="checkbox"/> RASH <input type="checkbox"/> OTHER LESIONS COMMENT:			(D) GI/GU <input type="checkbox"/> NPO P. _____ <input type="checkbox"/> NAUSEA/VOMITING <input type="checkbox"/> COLOSTOMY <input type="checkbox"/> BOWEL INCONTINENCE <input type="checkbox"/> URINARY INCONTINENCE <input type="checkbox"/> URINARY CATHETER <input type="checkbox"/> URETHRAL/MAGINAL DISCHARGE		
(C) MOBILITY <input type="checkbox"/> NO LIMITATIONS <input type="checkbox"/> LIMITED ROM <input type="checkbox"/> AMPUTATIONS <input type="checkbox"/> FRACTURES <input type="checkbox"/> CAST/SPLINT <input type="checkbox"/> TRACTION <input type="checkbox"/> PARALYSIS <input type="checkbox"/> PAIN COMMENT:			(C) CODES ESU PAD SAFETY STRAP SKIN PREP AREA TOURNIQUET SKIN CONDITION		



PERIOPERATIVE NURSING RECORD