Preoperative discussion notes

Department: Bed No.: Time of discussion: Time of date

Place of discussion:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Patient name: | | | Gender: | Age | Hospitalization Number: | Admission time: |
| Current Diagnosis | |  | | | | |
| Name of proposed operation | |  | | | | |
| Moderator (name,  Professional (technical) title | |  | | | | |
| Participants (name,  Professional (technical) title | |  | | | | |
| Discuss  On  Nei  Rong | 1) Brief introduction of medical history: (chief complaint, diagnosis, physical examination, relevant examination)  2) Surgical indications:  3) Risks, accidents and preventive measures that may occur during anesthesia and surgery:  4) Risks and complications that may occur after operation: | | | | | |
| Conclusion |  | | | | | |
| Head of Section  Opinion | (Signed): | | | | | |

Compere: Recorder: Recorder: Time: Year Month Day Time

Department: Bed Number: Name: Sex: Age: Hospitalization Number:

|  |  |  |
| --- | --- | --- |
| Preoperative discussion time: year month day hours location: | | |
| Moderator: | | |
| Name and professional title of the discussant  Director or deputy chief physician: Attending physician:  Residents: | | |
| Diagnostic basis: | | |
| Preoperative discussion:  Surgical Indications Surgical Indications:  Possible intraoperative problems and preventive measures: | | |
| Preoperative preparation: general: good  Blood routine: cardiopulmonary condition:  Urine routine, urine sugar:  Blood sugar: match: ml  Liver function: Other:  Kidney function:  Hemostatic test: | | |
| Surgical planning: | Time to perform operation: at about | |
|  | Name of proposed operation: | |
|  | Operator: Main knife: | Assistant |
|  | Modes of anesthesia: | |
| Possible risks, accidents and management measures during anesthesia and surgery: | | |
| Risks and complications that may occur after surgery: | | |
| Signature of Resident Physician: Opinion of Chief of Department (Signature):  Signature of attending physician: | | |

Signature of the recording physician: Time of record: year month day time