

HN: AN: Location: Name: Case Type: Gender: Age: D.O.B: Op. Date:		Anesthesia: Position: <input type="checkbox"/> Eyes Protect <input type="checkbox"/> Body Warmer Tech Difficulty: <input type="checkbox"/> Pressure free <input type="checkbox"/> Fluid Warmer Underlying Problem: Pre-OP Problem: Pre-OP Dx: Post-OP Dx: Operation:		<div>Logo place holder</div> <div>ANAESTHESIA REPORT</div>	
Physical Status: GCS: Last Meal: WT: HT: Hb/Hct: Allergy: PR: RR: Temp: BP: Teeth: Consent:					

4 hours per page

20 rows for respiration rate section of flowsheet

18 rows for vital signs graph section of flowsheet

1 row for events icons of flowsheet

20 rows for Medication(Bolus & Continuous) and output section of flowsheet

EVENTS	DateTime		Event		DateTime		Event		Total Case In: -----			
									Total Case Out: -----			
			5 rows/column						Total Case Bal: -----			
MONITOR	<input type="checkbox"/> IBP <input type="checkbox"/> ETCO2 <input type="checkbox"/> CVP <input type="checkbox"/> TEMP <input type="checkbox"/> NBP <input type="checkbox"/> GAS <input type="checkbox"/> BIS <input type="checkbox"/> I/O <input type="checkbox"/> EKG <input type="checkbox"/> PAW <input type="checkbox"/> TOF <input type="checkbox"/> ----- <input type="checkbox"/> SPO2 <input type="checkbox"/> ESOPHAGEAL STETH -----				Intra-OP Problem:				Remarks:			
	Airway Type: <input type="checkbox"/> Mask <input type="checkbox"/> LMA size ----- <input type="checkbox"/> ETT Route:----- Type:----- Size:----- Depth:----- <input type="checkbox"/> Tracheostomy				Line Access Site Size ----- ----- ----- ----- -----							

Surgeon: _____ Anesthesiologist: _____ Nurse: _____			Discharge Location: _____ Anesthesia Duration: _____ Surgery Duration: _____ Print Date: _____ Post-OP Status: _____ PR: _____ RR: _____ BP: _____ SPO2: _____ Page: _____			
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Internal

FORMS: Anaesthesia Data Entry

Location:

Textbox (readonly)

Case Type:

Textbox (readonly)

SAVE

Hospital Number (HN)

Textbox (readonly)

Account Number (AN)

Textbox

Gender

dropdown

Op. Date

DateTime entry

Name

Textbox

Age

Textbox

D.O.B

DateTime entry

Physical Status

dropdown

GCS

Textbox

Consent:

dropdown

Allergy:

dropdown

Last Meal:

DateTime entry

Weight (WT)

Textbox

Height (HT)

Textbox

Hb/Hct

Textbox

Teeth

Textbox

Pulse Rate (PR)

Textbox

Resp. Rate (RR)

Textbox

Temperature

Textbox

Blood Pressure (BP)

Textbox

Anesthesia

dropdown

Tech Difficulty

dropdown

Position

dropdown

☐ Eyes Protect

☐ Body Warmer

☐ Pressure free

☐ Fluid Warmer

Underlying Problem

FreeText

Pre-OP Problem

FreeText

Pre-OP Dx.

FreeText

Post-OP Dx.

FreeText

Operation

FreeText

+

DateTime

DateTime entry

Event

Textbox

✕

+

Monitor

☐ IBP

☐ ETCO2

☐ CVP

☐ TEMP

☐ NBP

☐ GAS

☐ BIS

☐ I/O

☐ EKG

☐ PAW

☐ TOF

☐

Textbox

☐ SPO2

☐ ESOPHAGEAL STETH

✕

Airway Type:

☐ Mask

☐ LMA size:

Textbox

☐ ETT

Route:

Textbox

Type:

Textbox

Size:

Textbox

Depth:

Textbox

☐ Tracheostomy

+

Line Access

Textbox

Site

Textbox

Size

Textbox

✕

+

Staff Name

Textbox

Role

dropdown

In

DateTime entry

Out

DateTime entry

✕

Intra-OP Problem

FreeText

Remarks

FreeText

** + will trigger a new row added into database. Trigger screen refresh.

** all dropdown has the “new intervention...” to add for saving

** prompt delete warning when delete icon is triggered. Trigger screen refresh.

** staff role: Surgeon*, Anesthesiologist*, Nurse* use in the Report footer; once selected – this won't be available in the selection list

** save button. Update only interventions that has update