

# Metro

Oral and Maxillofacial Surgery

## ANESTHETIC & OPERATIVE REPORT

### PRE-OPERATIVE DATA

Patient Name: \_\_\_\_\_

Allergy: \_\_\_\_\_

Medications: \_\_\_\_\_

- ☐ Reviewed PMH
- ☐ Reviewed Chart
- ☐ Reviewed consent/Sign form
- ☐ Pre-med: \_\_\_\_\_
- ☐ Reviewed procedure w/ patient
- ☐ Reviewed X-Rays w/ patient
- ☐ Time out w/ patient
- ☐ Answered questions
- ☐ Reviewed risk and complications

SURGERY DATE		SEX	Start _____:_____	Finish _____:_____	NPO	ASA
		M F			HOURS	1 2 3 4

### ANESTHETIC RECORD

TIME		0	5	10	15	20	25	30	35	40	45	50	
GAS AGENT	Oxygen (L/m)												TOTAL
	Nitrous Oxide												
IV AGENT	Versed												mg
	Propofol												mg
	Ketamine												mg
	Romazicon												mg
IV FLUIDS	D5 45												ml
CV: _____	200												
	180												
LUNGS: _____	160												
	140												
<input type="checkbox"/> 22ga IV R	120												
<input type="checkbox"/> 22ga IV L	100												
<input type="checkbox"/> SaO2 Monitor	80												
<input type="checkbox"/> EtCO2 Monitor	60												
<input type="checkbox"/> NIBP	40												
<input type="checkbox"/> EKG	20												

### ANESTHESIA NOTE

- ☐ no complication
- ☐ \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### LOCAL ANESTHESIA

- ☐ Septocaine 4% + 1/100k EPIN # \_\_\_\_\_
- ☐ Lidocaine 2% + 1/100k EPIN # \_\_\_\_\_
- ☐ Marcaine 0.5% + 1/200k EPIN # \_\_\_\_\_
- ☐ Carbocaine 3% # \_\_\_\_\_

### POST OP Rx

- ☐ Norco 5/7.5/10 #\_\_ 1po q4-6h prn pain
- ☐ Vicoprofen 7.5 #\_\_ 1po q4-6h prn pain
- ☐ Percocet 5/7.5 #\_\_ 1po q4-6h prn pain
- ☐ Pen VK 500mg po QID for \_\_\_\_ days, # \_\_\_\_
- ☐ Cleocin 300mg po q8h for \_\_\_\_ days, # \_\_\_\_
- ☐ Phenergan 25mg po q6h prn nausea # \_\_\_\_
- ☐ Medrol Dose Pack
- ☐ Other \_\_\_\_\_

- ☐ SR
- ☐ Handpiece
- ☐ MP Flap

- ☐ Follicle Removed
- ☐ CGS
- ☐ PGS
- ☐ BSS

- ☐ Complications
- ☐ NVB
- ☐ Sinus
- ☐ Roots

- ☐ Other \_\_\_\_\_

### PROCEDURE

PulseO2

X

\_\_\_\_\_

BP

V

\_\_\_\_\_

SaO2

●

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SURGEON

- ☐ Craig Schmidtke, DDS
- ☐ \_\_\_\_\_

### ASSISTANT

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### DISCHARGE CONDITION

- ☐ Alert, Oriented, Awake
- ☐ SaO2> 95% RA
- ☐ Deep Breath and Cough
- ☐ Move All Extremities
- ☐ Ambulation—Assist to Car

### DISCHARGE INSTRUCTIONS

- ☐ Written
- ☐ Verbal
- ☐ Follow up in \_\_\_\_ days
- ☐ Assisted Care for 24 hours