NAIROBI SCULPT AESTHETIC CENTRE

~~PRE~~-OPERATIVE NURSING RECORD

Intra

PATIENT FILE NO:
NAME:
AGE:
SEX:
DATE:
DOCTOR:

Date _____ Time in _____
Stretcher Wheelchair Walking
Allergies _____
ASA Class: 1 2 3 4
Comments _____

Patient ID Verified with Reg No. Y N
Informed Consent Signed Y N
Pre-op Checklist Completed Y N
WHO Checklist Completed Y N
Arrived with IV infusing Y N
IV Started by _____ Time _____
Position: RA, LA, RL, LL, other
Antibiotic ordered Y N
Type _____
Ordered by _____ Time _____

Time in theatre _____ Time out of theatre _____
Operation: Start _____ Finish _____
Safety belt applied Y N Position _____
Arms secured Y N Position _____
Patient in proper body alignment Y N
Pressure points (describe) _____
_____

Urinary catheter in-situ Y N
Urinary catheter inserted in theatre Y N
Type _____ Size _____
Intra-op X-Rays taken _____

POSITION (tick)

Prone ☐
Supine ☐
Lateral ☐
Lithotomy ☐
Other _____

SKIN PREP

Shaved by _____
Hibitane in spirit ☐
Povidone Iodine ☐
Hibitane in water ☐
Other _____

ELECTROSURGICAL
Cautery
Unit No. _____
Mode _____
Coat. Set _____
Cut. Set _____
Skin Checked:
Before _____
After _____

TOURNIQUET
Type _____
Site:
Rt. Lt.
Pressure: ____|____
Time on: ____|____
Time off: ____|____
Skin Checked:
Before _____
After _____

DRAIN TYPE

Corrugated ☐
Portovac ☐
UWS ☐
NG ☐
Other _____

WOUND IRRIGATION

Saline ☐
Water ☐
Povidone Iodine ☐
Antibiotic ☐
Other _____

WOUND PACK

Type _____
Site _____

WOUND CLASS

Clean ☐
Clean contaminated ☐
Contaminated ☐
Infected ☐

Surgeon _____
Assistant _____
Anaesthesiologist _____
Scrub Nurse _____
Circulating Nurse _____
Observers/Other _____
Type of Anaesthesia:
General _____
Spinal _____
Regional _____
Local _____
Pre-op Diagnosis _____
Intra-op Diagnosis _____
Operation (s) _____

SWABS INSTRUMENTS AND SHARPS COUNT

	Abdominal swabs	Raytec swabs	Throat packs	Other
Preliminary check				
Wound closure				
Final count				

Count correct, if not then action taken:
Y ☐ N ☐

Scrub Nurse's Signature: _____
Circulating Nurse's Signature: _____

WOUND CLOSURE

Skin closure:
Non-Absorbable _____
Absorbable _____
Other _____
Dressing applied _____

INTRAVENOUS INFUSION/TRANSFUSIONS

Blood transfusion:
Packed cells _____(mL)
Whole _____(mL)
Others _____(mL)
Intravenous infusion _____(mL)
Estimated blood loss _____(mL)
Urinary output (amount) _____(mL)

MEDICATION

Medication/Drug	Route	Time	Sign

SURGICAL IMPLANTS/ PROSTHESIS	LOT NO.	SIZE

SPECIMENS

Type	Histology	Cytology	Not for Analysis	Disposition

ITEMS TO BE RETURNED TO THEATRE

ANAESTHETIC MATERIALS CHARGE: _____

THEATRE FEE: _____