NAIROBI SCULPT AESTHETIC CENTRE

PRE-OPERATIVE WARD CHECK-LIST **(All information should be filled in clearly before the patient is received in theatre**		**PATIENT FILE NO:** **NAME:** **AGE:** **SEX:** **DATE:** **DOCTOR:**
TICK WHEN COMPLETE	**SURGEON:**	**ANAESTHESIOLOGIST:**
	1. WARD CHECKLIST	NURSING: ACTION/COMMENTS/ OBSERVATIONS
	2. COMPLETE/CORRECT DOCUMENTATION	
	3. CORRECT CONSENT	
	4. BLOOD/RESULTS Hb PCV UECs X-Match	UNITS AVAILABLE:
	5. MEDICATION Pre-medication Peri-operative Medication Regular Medication (Specify)	TIME GIVEN
	6. **ALLERGIES** (STATE IN RED)	
	7. NIL BY MOUTH	FASTED FROM (TIME)
	8. PERI-OPERATIVE PREPARATION Bath/Shower/Gown Shave/Skin Preparation ID Band Patient Positioned on Canvas Jewellery/Valuables Removed Make-up/Nail Varnish Removed	
	9. PROSTHETICS Contact Lens Removed Hearing Aid/Limbs Caps/Crowns/Bridgework Present Dentures Removed	
	NURSING OBSERVATIONS (IMMEDIATE PRE-OP) Blood Pressure Pulse Rate Respiratory Rate CVP Temperature Bladder Emptied Foetal Heart Rate	Height Weight in kg Urinalysis Done XRays and Scans Present Other Forms as Required
	PREPARED BY: TIME ARRIVED IN THEATRE: RECEIVED BY:	HANDED OVER BY:
NURSING OPERATION RECORD		

NAIROBI SCULPT AESTHETIC CENTRE

PRE-OPERATIVE NURSING RECORD

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) _____

NURSING OPERATION RECORD

SWABS INSTRUMENTS AND SHARPS COUNT					
	Abdominal swabs	Raytec swabs	Throat packs	Other	Count correct, if not then action taken: Y ☐ N ☐
Preliminary check					
Wound closure					Scrub Nurse's Signature: _____ Circulating Nurse's Signature: _____
Final count					

WOUND CLOSURE	**INTRAVENOUS INFUSION/TRANSFUSIONS**
Skin closure: Non-Absorbable _____ Absorbable _____ Other _____ Dressing applied _____	Blood transfusion: Packed cells _____(mL) Whole _____(mL) Others _____(mL) Intravenous infusion _____(mL) Estimated blood loss _____(mL) Urinary output (amount) _____(mL)

MEDICATION				**SURGICAL IMPLANTS/ PROSTHESIS**	**LOT NO.**	**SIZE**
Medication/Drug	Route	Time	Sign			

SPECIMENS				
Type	Histology	Cytology	Not for Analysis	Disposition

ITEMS TO BE RETURNED TO THEATRE	**ANAESTHETIC MATERIALS CHARGE: _____**
	THEATRE FEE: _____

NAIROBI SCULPT AESTHETIC CENTRE	
IMMEDIATE RECOVERY CARE RECORD	**PATIENT FILE NO:** **NAME:** **AGE:** **SEX:** **DATE:** **DOCTOR:**

Handover given by _____ Time _____
Patient position _____

OBSERVATIONS

Time								**YES**	**NO**	**N/A**
Airway							**Airway: ETT Removed**			
O2 L / min							**Wound Dressing Checked**			
Resp.							**Bleeding**			
Pulse							**Wound Packs Removed**			
Temp.							**Drains Present**			
B.P							**Implants Present**			
Sat.							**X-Rays Present**			
L.O.C.										
Headlift										
Limb Obs										

Nausea & Vomiting Score: 0 1 2 3 4 5
Medication for PONV given: Y N Specify: _____ Time: _____

Pain Score: 0 1 2 3 4 5 6 7 8 9 10
Analgesia Given: Y N Specify: _____ Time: _____

IV Fluids Regime: _____ Amount: _____
Urine Output (mL/kg/hr) _____| Drains: _____ Other: _____
Total Output (mL/kg/hr) _____| Total Output: _____

Drugs_____
_____
_____

Specimen: Y N Taken to: _____ By: _____

COMMENTS:_____
_____
_____

Recommended position: _____

RECOVERY ROOM HANDOVER

Transferred by: _____
Signature: _____
Time: _____

WARD RECIPIENT

Receiving Nurse: _____
Signature: _____
Time: _____

NAIROBI SCULPT AESTHETIC CENTRE

OPERATION RECORD	**PATIENT FILE NO:** **NAME:** **AGE:** **SEX:** **DATE:** **DOCTOR:**
SURGEON(S):	ANAESTHESIOLOGIST:
ASSISTANT(S):	SCRUB NURSE: CIRCULATING NURSE:
PRE-OPERATIVE DIAGNOSIS:	SHAVING: Y ☐ N ☐ EXTENT SKIN PREP: Y ☐ N ☐
PROCEDURE(S) PLANNED:	OPERATIVE DIAGNOSIS:
OPERATION(S):	
PROCEDURE NOTES:	
SWAB & INSTRUMENT COUNT CORRECT: Y ☐ N ☐ SIGNATURE OF SURGEON: SIGNATURE OF SCRUB NURSE:	

OPERATION RECORD (CONT.)

SIGNATURE OF SURGEON:

POST-OPERATIVE INSTRUCTIONS:

SIGNATURE OF SURGEON/ANAESTHESIOLOGIST:

ANAESTHESIA RECORD GOK/KSA

REPUBLIC OF KENYA

NAME		DATE	WARD
IP No.	AGE	GENDER Male ☐ Female ☐	THEATRE
WT (kg)	HT (cm)	ANAESTHETISTS	
PRE- OP DIAGNOSIS		SURGEONS	
INTRA-OP DIAGNOSIS		SCRUB NURSES	
PROPOSED PROCEDURE		PROCEDURE DONE	

PRE-OPERATIVE ASSESSMENT | OTT

SMOKING	ALCOHOL	OTHER DRUG USE

CARDIOVASCULAR SYSTEM Normal ☐ Abnormal ☐	Yes	No	COMMENTS (Positive findings/ recommendations) H.R. B.P Pallor ☐
Hypertension/Hypotension	☐	☐	
Easy fatiguability	☐	☐	
Murmur	☐	☐	
Chest pain/ angina / CAD	☐	☐	
Congestive Heart Failure	☐	☐	
Arrythmia	☐	☐	
Peripheral Vascular Disease	☐	☐	
Congenital/Valvular Heart Disease	☐	☐	
Other	☐	☐	
RESPIRATORY SYSTEM Normal ☐ Abnormal ☐			R.R. SpO2 Cyanosis ☐
Asthma	☐	☐	
T. B.	☐	☐	
C.O.P.D.	☐	☐	
Other	☐	☐	
ENDOCRINE SYSTEM Normal ☐ Abnormal ☐			
Diabetes	☐	☐	
Thyroid Disease	☐	☐	
Recent steroid use	☐	☐	
Other	☐	☐	
NEUROLOGICAL SYSTEM Normal ☐ Abnormal ☐			
Seizures	☐	☐	G.C.S.
Elevated ICP	☐	☐	E
Neuromuscular disease	☐	☐	M
C.V.A./ Cerebrovascular disease	☐	☐	V
Other	☐	☐	Tot:
RENAL Normal ☐ Abnormal ☐			
ARF	☐	☐	
CRF	☐	☐	
HAEMODIALYSIS	☐	☐	
Other	☐	☐	
GASTROENTEROLOGICAL Normal ☐ Abnormal ☐			
Hepatitis/ Cirrhosis/ Jaundice	☐	☐	
Increased risk of reflux	☐	☐	
P.U.D	☐	☐	
Other	☐	☐	

OTHER SIGNIFICANT ANAESTHETIC AND MEDICAL HISTORY/ PHYSICAL EXAMINATION

HISTORY OF PRESENTING ILLNESS

ANAESTHESIA RECORD

AIRWAY	Yes	No	COMMENTS (Positive findings/ recommendations)
Loose teeth	☐	☐	
Dentures	☐	☐	
Anatomical abnormalities	☐	☐	
Mallampati classification _____			
Other	☐	☐	

CURRENT MEDICATION

1 _____	4	**STEROID USE**
2 _____	5	YES ☐ NO ☐
3 _____	6	

ALLERGIES: _____

SIGNIFICANT LAB RESULTS

Haematology Hb_____ Hct_____ Plts____				Positive findings/ recommendations
WBC_____ PT_____ INR_____APTT_____				
	Normal	Abnormal	N/A	
Renal function tests	☐	☐	☐	
Liver function tests	☐	☐	☐	
Glucose	☐	☐	☐	
Sickling Test	☐	☐	☐	
Other_____				

OTHER SIGNIFICANT PRE-OP TESTS

CXR	Normal	☐	Abnormal	☐	
	N/A	☐			
E.C.G.	Normal	☐	Abnormal	☐	
	N/A	☐			
Echo	Normal	☐	Abnormal	☐	
	N/A	☐			
Cardial Cath	Normal	☐	Abnormal	☐	
	N/A	☐		☐	
Other _____	Normal	☐	Abnormal	☐	
	N/A	☐		☐	

ASA: 1 2 3 4 5 E

PRE-OPERATIVE ORDERS / INSTRUCTIONS

Name_____ **Signed**_____**Date**_____**Time**_____

DRUGS | UNITS

INTRA-OPERATIVE RECORD Date:...../...../.....

INTRA-OPERATIVE RECORD Date:...../...../.....

SYMBOLS:
X-Anaesthesia
S-Surgery
O-Respiration
◊-Temperature
C-C.V.P
T-Tourniquest

O_2 L/min

Air N_2O L/min

Vapour %

INFUSIONS | RATE

FLUIDS 1

2

3

BLOOD/BLOOD PRODUCTS

WB/ FB

PACKED CELLS

FFP

PLTS / CRYO

REGIONAL

Caudal ☐

Spinal ☐

Epidural ☐

Bier's block ☐

Combined Spinal/epidural ☐

Other ☐

AIRWAY

OROPHARYNGEAL ☐

NASOPHARYNGEAL R/L ☐

LMA ☐ SIZE_____

UNDER MASK ☐

OTHER

INTUBATION

DIRECT VISION ☐

BLIND ☐

FIBREOPTIC ☐

ASLEEP ☐ AWAKE ☐

IN SITU ☐

TOPICAL SPRAY_____

BLADE Size_____

CURVED ☐ STRAIGHT ☐

DIFFICULTY_____

ENDOTRACHEAL TUBE

ORAL ☐

NASAL ☐ R / L

ENDOBRONCHIAL ☐ R / L

SIZE_____

LENGTH_____

CUFF ☐

PACK YES ☐

NO ☐

TIME IN_____

TIME OUT

NG TUBE YES ☐ NO ☐

TIME 15 30 45 0 15 30 45 0 15 30 45 0 15 30 45 0 15 30 45 0 15 30 45 0 15

HR 190 180 170 160 150 140 130 120

TEMP 110 42 100 41 90 40 80 39 70 38 60 37 50 36 40 35 30 34 20

SpO2

ETCO2

E.C.G.

CVP

LAP

OTHER_____

POSITION

URINE

FBI

SITE

TECHNIQUE

LOCAL ANAESTHETIC

Drug:

Concentration:

Volume:

Additive

Spo2

ETCO2

E.C.G.

CVP

LAP

OTHER

POSITION | TOTALS

URINE

E.B.L.

MONITORS LOCATION ECG_____ ☐ PRECORDIAL STETH ☐ TEMP 1 ☐ TEMP 2 ☐ URINARY CATHETER ☐ PULSE OX _____ ☐ $ETCO_2$ ☐ CVP ☐ NIBP_____ ☐ NERVE STIMULATOR ☐ ANAES GAS ANALYSER ☐ OTHER ☐ _____

INDUCTION	TIME
1	
2	
3	
4	
INCISION TIME	

INDUCTION METHOD:
RAPID SEQUENCE ☐
INHALATIONAL ☐
INTRAVENOUS ☐
PRE-OXYGENATION ☐
OTHER_____ ☐

VENTILATION:
METHOD: IPPV ☐ SPONT ☐
MANUAL ☐ OTHER ☐
CIRCUIT: CLOSED ☐ OPEN ☐
TYPE:_____
VENTILATOR TYPE:_____

VENT. SETTINGS
T.V. _____
RATE_____
I:E _____
PEEP_____
OTHER

INTRAVENOUS ACCESS
1____G SITE_____
2____G SITE_____
3____G SITE_____
4____G SITE_____

CENTRAL VENOUS ACCESS
1 SIZE_____ 2 SIZE_____
LENGTH_____ LENGTH_____
SITE_____ SITE_____
TYPE_____ TYPE_____

ARTERIAL LINES
1 SIZE_____ 2 SIZE_____
SITE_____ SITE_____
TYPE_____ TYPE_____

OTHER ACCESS
1 SIZE_____
SITE_____
TYPE_____

RECOVERY

+ Blood Pressure	TIME																				
200																					
150																					
100																					
50																					
Oxygen L/min																					
SpO2																					
ETCO2																					
E.C.G																					

CRS																						
	Drowsy																					
	Arousable																					
	Fully conscious																					

RR																					
40																					
30																					
20																					
10																					

TEMP																					
42																					
41																					
40																					
39																					
38																					
37																					
36																					
35																					
34																					

Fluids																					
Urine																					
Drains																					

Anaesthetist called to see patient prior to return to ward Yes ☐ No ☐

Time patient fit to return to ward _____ Recovery room nurse signature _____

ANAESTHETIC COMPLICATIONS/ COMMENTS

REVERSAL

REVERSED YES ☐ NO ☐

EXTUBATED YES ☐ NO ☐

REVERSAL: _____

_____

TRANSFER: RECOVERY ☐ ICU ☐ HDU ☐

BREATHING SPONT ☐

VENTILATED ☐

AIRWAY ORAL ETT ☐

NASAL ETT ☐

TRACHEOSTOMY ☐

POST-OPERATIVE FLUIDS

POST-OPERATIVE NOTES

1ST POST-OPERATIVE DAY REVIEW

Name _____ **Signed** _____ **Date** _____