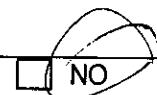


Procedure Notes:

General Survey conducted using Seldinger's
Technique under Aseptic precautions.
arterial waveform confirmed on monitor.

Complications

Yes



If yes, please describe

SIGN OUT CHECKLIST

The following have been verified

Time:

Name of the procedure recorded verified	<i>✓</i>	Signature of Doctor	<i>[Signature]</i>	10:55 AM
Any significant intra operative finding	<i>✓</i>	Signature of Nurse	<i>Ruby Bar</i>	10:55 AM
Instrument count/ sponge count/ needles etc verified	<i>✓</i>			
Labelling of specimens, if any	<i>✓</i>			
Any equipment problems to be addressed	<i>✓</i>			

Condition at transfer/ discharge (Select the appropriate option) Stable Critical

Disposition(Select the appropriate option) Home Patient Room ICU Disposition Time:

Post Procedure Instructions:

Doctors Name	<i>Dr Cumalte</i>	Signature	<i>[Signature]</i>	Date/time	<i>5/10/12</i>
Nurse Handed over to	<i>Anik M33m</i>	Signature	<i>[Signature]</i>	Date/time	<i>5/10/12 8 am</i>
Nurse Handed over from	<i>SM Ruby Bar</i>	Signature	<i>[Signature]</i>	Date/time	<i>5/10/12</i>