



HANDOVER FORM FOR CATH LAB / OT

Diagnosis: Acute Appendicitis.

Name of the Procedure: Change of Vac Dressing.

Date of Procedure: 30/10/24

Vitals at the time of Shifting:

Temp: 97F R/R: 82bpm SpO₂: 97% Pulse: 86bpm BP: 130/70 Wt: 97kg
Pre-op HGT: 125mg/dl at 2:50 am/pm

Pre-Medications:

Name	Given (Yes/No)	Time
In Ward		
<u>Tab Met XL 25 mg.</u>	<u>Yes</u>	<u>9:40 AM</u>
In Recovery Room		

Pre Procedure Verification Checklist:

Parameter	Yes	No	Remarks
Patient Identification attached and checked	✓		
Chlorhexidine bath given	✓		
All consents taken & checked / high risk			
Pre Anesthetic Check-up	✓		Mr. Rushikesh
Preparation of operation site			
Site Marking		✓	
Nil by mouth	✓		10 AM
Blood / Components arranged as advised	✓		
Ornaments removed and handedover to relatives	✓		
Removal of dentures / Nail polish / Hair paints / Contact lenses / Glasses / Undergarments	✓		
Allergies reported		✓	
Financial clearance for procedure	✓		
Viral marker (HBsAg, HIV, HCV)	✓		Non Reactive
Physician / Cardiologist assessment			
IV line secured	✓		
IV fluid started	✓		