



HANOVER FORM FOR CATH LAB / OT

Diagnosis: Septic shock

Name of the Procedure: VAC dressing

Date of Procedure: 25/10

Vitals at the time of Shifting:

Temp: 98.4 R/R: 18 SpO₂: 98 Pulse: 88 BP: 130/60 Wt: _____
Pre-op HGT: 106 mmHg at 3pm am/pm

Pre-Medications:

Name	Given (Yes/No)	Time
In Ward		
1m. Meropenem 1gm	yes	8a
1m. Minoxycline 100mg	yes	10am
1m. OCSKI	yes	8am
1m. Optineuron	yes	10am
1m. Kabiun 1gm	yes	8a
In Recovery Room		

Pre Procedure Verification Checklist:

Parameter	Yes	No	Remarks
Patient Identification attached and checked	✓		
Chlorhexidine bath given		NA	
All consents taken & checked / high risk	✓		
Pre Anesthetic Check-up	✓		
Preparation of operation site			
Site Marking		NA	
Nil by mouth	✓		
Blood / Components arranged as advised	✓		
Ornaments removed and handedover to relatives	✓		
Removal of dentures / Nail polish / Hair paints / Contact lenses / Glasses / Undergarments	✓		
Allergies reported		NA	Not known
Financial clearance for procedure	✓		
Viral marker (HBsAg, HIV, HCV)	✓		
Physician / Cardiologist assessment	✓		
IV line secured	✓		
IV fluid started	✓		