

# OPERATION REPORT

## PART 1

TASMANIAN HEALTH ORGANISATION  
– North

DATE \_\_\_\_\_  
UNIT/WARD \_\_\_\_\_  
REFERRING  
DOCTOR \_\_\_\_\_

M.R.N.									
<p>SURNAME ..... D.O.B. ....</p> <p>SEX</p> <p>OTHER NAMES .....</p>									

**SURGEON**  
**ASSISTANT**  
**ANAESTHETIST**  
**REGISTERED NURSE**

CMB CODE/ITEM Nos:

ANAESTHETIC: L.A. ☐ G.A. ☐ REGIONAL ☐

PRIVATE PATIENT? YES / NO

UNPLANNED RETURN TO THEATRE? YES / NO

**DIAGNOSIS**

**WOUND CLASSIFICATION:**

- ☐ CLEAN  
☐ CONTAMINATED  
☐ DIRTY

**OPERATION PERFORMED**

SURGEONS SIGNATURE

TIME OF STARTING SURGERY .....  
TIME OF COMPLETING SURGERY .....  
TOURNIQUET TIME ..... (mins)

PRIORITY CLASSIFICATION: EMERGENCY ☐ ELECTIVE ☐ SWABS AND PACKS CORRECT: ☐

DETAILS OF SPECIMENS  
SENT TO PATHOLOGY :

**DETAILS OF OPERATIONS**

**DRAINS:**

**PACKS:**

**POST OPERATIVE ORDERS:**

SURGEONS  
SIGNATURE .....  
NOTE:- ALL ENTRIES MUST BE SIGNED AND DATED

Additional Information to G.P.  
and Follow up arrangements