

OPERATING ROOM NURSE'S REPORT

ROOM	M.R.N.							
PORT				4				
	SURNAME	 	BE		D.O.B.			
п		1						
NOE OFFICE	OTHER					SE	X	
NCE SERVICE	NAMES	 						ĺ

FACILITY/ ______WARD

HOSPITALS AND AMBULANCE SERVICI

DATE	THEATRE No.	WARD	ARRIVAL	START				EFT OR	TIME AWAKE		
ANAES TYPE	ELECTIVE EMERG.	DELAY CODE	BRIEF DESCRIPTION				FIT TO RETURN	WARD TELEP	HONED	TIME LEFT RECOVERY	
CONSULTANT		SURGEON		ASSIST. SURGEON AN		ANAES. CONSULTANT			ANAES. PRESENT		
ANAESTHETIC RN INSTRUMENT NURSE		CIRCULATING NURSE T.S		T.S.O.			RECOVERY RN				
OPERATION PERFORMED											

COUNT ITEMS	FIRST		ADDED DURING OPERATION			2nd COUNT	ADDED		3rd COUNT	ADDED		FINAL			
RAYTEC SWABS															
PACKS															
BLADES															
NEEDLES – Atraumatic															
NEEDLES - Hypodermic															
PEANUT SWABS															
RAYTEC STRIPS															
TIPS – Sucker, Diathermy, etc.															
-															
			,												
INSTRUMENTS AND	√ = C	ORRECT as				F	= FLA	SHED	ITEMS			S:	STE	RIS	
TRAYS	1st cnt	2nd cnt	3rd cr	nt F	inal			Trays		1st	cnt	2nd cnt	3rd	cnt	Final
						-									

COMMENTS

Change	OLIOK	County
Change	Over	Count.

Discrepancies in count:

Items left insitu:

X-ray taken:

Read by:

Result:

Chargeable items:

Scout RN_

Instrument RN_

THO-N 7933 01/13 F&P 33865 JAN13M3

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