OPERATION THEATRE REGISTER (Digital Form)

Hospital Name: _____

Month: ___
Date: __ / _ / ___

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1. Patient Details

Sr. No.: _
Indoor Reg. No.: ___
Name of the Patient: _____
Age: ____
Sex: ☐ Male ☐ Female

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2. Diagnosis & Procedure

Diagnosis: _____
Type of Operation / Surgery Performed: _____

Anaesthesia Used: ☐ GA ☐ SA ☐ LA ☐ I.V.
Pre-op Investigations Completed: ☐ Yes ☐ No

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3. Operation Team

Operating Surgeon: _____
Assistant Surgeon: _____
Anaesthetist: _____
Assisting Nurse: _____

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4. Operation Details

Time of Surgery: From _ ***am/pm To*** _ am/pm
Duration of Surgery: _____

Materials Used

Material Type	Yes	No
Material for H.P.E.	☐	☐

Material Type	Yes	No
Special Instruments	☐	☐
Disposable Items	☐	☐
Implants Used	☐	☐
Others (Specify): _____	☐	☐

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5. Anaesthesia Details

Pre-medication Given: ☐ Yes ☐ No
Anaesthesia Start Time: _ ***am/pm***
Anaesthesia End Time: _ am/pm

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6. Post-Operative Notes

Condition of Patient: _____

Shifted To: ☐ ICU ☐ Recovery Room ☐ Ward ☐ Other: _____

Time Shifted: ____ am/pm

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7. Additional Remarks

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8. Signatures

Operating Surgeon: _____ **Date:** ___ / ___ / __

Anaesthetist: _____ **Date:** ___ / ___ / __

Assisting Nurse: _____ Date: ___ / ___ / ____

NOTE: ***This Operation Theatre Register must be preserved as part of hospital medico-legal records.***