

OPERATION RECORD

CONSULTANT: Prof Hama

Date: 3/11/17 Time: _____

CIRCULATING NURSE: _____

PROCEDURE

GP letter dictated: cc to BHL Medical Records

Prone
Asyptic
LA to skin
US
22

Biotin + 0.5% chlor
Biotin 300 units

Biotin to 300 units

Department - Theatre / X-Ray (Please circle)

Imaging used - U/S or C-arm (Please circle)

Patient Position - Prone/Supine/Lt Lateral/Rt Lateral (Please circle)

Site Marked ☐

Procedure Commenced @ ____:____ hrs

TIME OUT:

Correct Patient Identity ☐

Consent Form Signed ☐

Correct Operation Site Marked ☐

Consultant Present ☐

Anaesthetist Present ☐

Nursing Team Present ☐

IV Cannula inserted by: _____ Site _____
Anaesthetist

Sedation given: _____

Signature: _____
CONSULTANT ANAESTHETIST SPECIALIST - MCRN

LA (Please Circle and Complete Volume)

Xylocaine 1% / 2% / Xylocaine 1% / 2% + adrenaline _____ mls

Marcain 0.25% / Marcain 0.25% + adrenaline _____ mls

Marcain 0.5% / Marcain 0.5% + adrenaline _____ mls

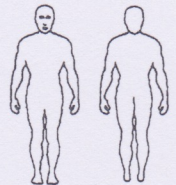
Chirocaine 2.5mg/ml _____ mls

Please Indicate

Diathermy Site: _____

Checked Pre-Op: _____

Post-Op: _____



DA

Theatre Observations and Vital Signs Record.

POST Procedure		Date _____	Time _____	Effected Limb _____	
BP	Pulse	Respirations	Temp.	Pain Score	Comments _____ _____ _____
Colour	Movement	Sensation	Pulses	Capillary Refill	Comments _____ _____ _____

Post-Procedure Management\Instructions.

	Yes	No
Observe Procedure Site		
Observe Dressing		
Staff Signatures : _____		