PAIN INTERVENTION IN-PATIENT INJECTION HOSPITAL RECORD

DOB:

Patient ID:

MOLONEY Nicholas

Public Pati ent

Private/Public to Consultant: Professor Dominic Harmon/ CH - Day Ward/ 07/11/2019

Secondary Consultant:

Croom Hospital,
=:room, Co. Limerick.
Tel: 061 397276
Fax: 061 397392

PRE OPERATIVE PATIENT QUESTIONNAIRE	Yes	No
Reason for admission ?		
Do You Have a **Cardiac History** ? **Pacemaker** ☐ **Murmur** ☐		L
Are you taking **Anticoagulants** ? **Aspirin** ☐ **Warfarin** ☐ **Plavix** ☐		✓
Do you have any known **Medical illness** B9Hp,		
List of current **Medications**		
Did you ever have **Local Anaesthetic**	L	
Did you ever have a reaction to **L.A.** Details		
Do you have **Diabetes** ? **Glucocheck** =		✓
Do you have **E[!ile(!sy** ?		✓
Do you have any **Known Allergies** ?		✓
Do you have a **Latex Allergy** ?		
For Females Pregnancy test ?		
Trans(!ort Home ? f!ri:end ;J,,'l/ c-Jl2rA		

Withholding\not disclosing your full history can compromise your safety.
I confirm that the above information is accurate to the best of my belief. **Signature:** _____
• Patient

C.M.S. Observations and vital signs record.

Pre Procedure	Date '=1:L!·b	Time Lls-at	Effected Limb

BP	Pulse	Respirations	Temp.	Pain Score	Comments
15	10				

Colour	Movement	Sensation	Pulses	Capillary Refill	Comments
J:)	J0....:1., li	R-sA1~1	.:5·&n1		

Theatre Check

Identity Bands	☐	Consent	☐	Teeth\Glasses\Metal	☐
Allergies	☐	Fasting	☐	Females Pregnancy Test	☐

Nurses signature: _____ **Date:** _____

Surgeon informed of any concerns ☐ **Nurses signature** _____