OPERATION RECORD

CONSULTANT: Heron

Date: 19 06 18 Time: ....

CIRCULATING NURSE: ....

PROCEDURE

GP letter dictated: cc to BHL Medical Records

Prone

Aseptic

LA to skin

Ultrasound

NP

Botulinum toxin
200iu

Uneventful

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% é adrenaline __________ mls

Marcain 0.25% / Marcain 0.25% é adrenaline __________ mls

Marcain 0.5% / Marcain 0.5% é adrenaline __________ mls

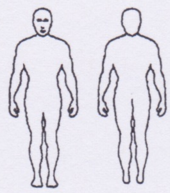
Chirocaine 2.5mg/ml __________ mls

Diathermy Site: ______________

Checked Pre-Op: ______________

Post-Op : ______________

Please Indicate



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 : ________________ ________________		