

# OPERATION RECORD

CONSULTANT: Hazen

Date: 18 06 19 Time: \_\_\_\_\_

CIRCULATING NURSE: \_\_\_\_\_

## PROCEDURE

GP letter dictated: cc to BHL Medical Records

Asptie  
loc to skin  
Ultrasound  
22g  
Botulin toxin  
Zooia  
woundful

Hazen

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

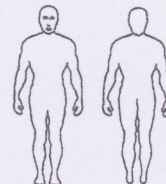
Chirocaine 2.5mg/ml \_\_\_\_\_ mls

Please Indicate

Diathermy Site: \_\_\_\_\_

Checked Pre-Op: \_\_\_\_\_

Post-Op: \_\_\_\_\_



## Post-Procedure Observations and Vital Signs Record.

| POST Procedure                          |          | Date _____   |        | Time _____       |                                  | Effected Limb _____ |    |
|-----------------------------------------|----------|--------------|--------|------------------|----------------------------------|---------------------|----|
| BP                                      | Pulse    | Respirations | Temp.  | Pain Score       | Comments _____<br>_____<br>_____ |                     |    |
|                                         |          |              |        |                  |                                  |                     |    |
|                                         |          |              |        |                  |                                  |                     |    |
| Colour                                  | Movement | Sensation    | Pulses | Capillary Refill | Comments _____<br>_____<br>_____ |                     |    |
|                                         |          |              |        |                  |                                  |                     |    |
|                                         |          |              |        |                  |                                  |                     |    |
| Post-Procedure Management/Instructions. |          |              |        |                  |                                  | Yes                 | No |
| Observe Procedure Site                  |          |              |        |                  |                                  |                     |    |
| Observe Dressing                        |          |              |        |                  |                                  |                     |    |
| Staff Signatures : _____                |          |              |        |                  |                                  |                     |    |