OPERATION RECORD

CONSULTANT: Hare

Date: 15 03 16 Time: ....

CIRCULATING NURSE: ....

....

PROCEDURE

GP letter dictated: cc to BHL Medical Records

Prone
aseptic
la to skin
Ultrasound
22g
Triam 40 + 0.25% Chir
+ Dysport 500iu

D Hare
18400

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

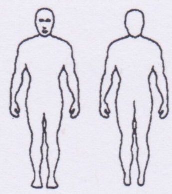
Chirocaine 2.5mg/ml __________ mls

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 : ______________________ ______________________		