PAIN INTERVENTION IN-PATIENT INJECTION HOSPITAL RECORD

Patient ID: DOB:

MOLONEY Nicholas

Private/Public to Consultant: Public Patient
Professor Dominic Harmon / CH - Day Ward/ 27/08/2019
Secondary Consultant:

Croom Hospital,
Croom, 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** ☐		
Are you taking **Anticoagulants** ? **Aspirin** ☐ **Warfarin** ☐ **Plavix** ☐		
Do you have any known **Medical illness**		
List of current **Medications**		
Did you ever have **Local Anaesthetic**		
Did you ever have a reaction to **L.A.** Details		
Do you have **Diabetes** ? **Glucocheck =**		
Do you have **EQiaQSY** ?		
Do you have any **Known Allergies** ?		
Do you have a **Latex Allergy** ?		
For Females Pregnancy test ?		
Trans[!ort Home ?		

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**	**Time**	**Effected Limb**

BP	Pulse	Respirations	Temp.	Pain Score	Comments

Colour	Movement	Sensation	Pulses	Capillary Refill	Comments

Theatre Check

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

Nurses signature: **Date:**

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