

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT <small>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.</small>
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1. AGE: HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <hr/> 3. PREVIOUS SURGERY <input type="checkbox"/> NO <input type="checkbox"/> YES (type):
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4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION:

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ___ Potential for anxiety related to _____ _____ _____	<ul style="list-style-type: none"> <input type="checkbox"/> Pt. verbalizes any specific anxiety. <input type="checkbox"/> Pt. exhibits relaxed body posture. 	<ul style="list-style-type: none"> <input type="checkbox"/> Allow pt. to verbalize freely. <input type="checkbox"/> Explain OR environment and answer questions regarding surgery. <input type="checkbox"/> Offer comfort measures, (e.g., warm blanket, touch) <input type="checkbox"/> Explain all nursing procedures before they are done. <input type="checkbox"/> Remain with pt. whenever possible. <input type="checkbox"/> Maintain family interface.
B. AERATION ___ Potential for respiratory dysfunction due to _____ _____ _____	<ul style="list-style-type: none"> <input type="checkbox"/> PT. will be able to breathe without difficulty during immediate intra-operative phase. 	<ul style="list-style-type: none"> <input type="checkbox"/> Offer to elevate head of litter or offer pillow. <input type="checkbox"/> Observe pt. while awaiting surgery for signs of distress <input type="checkbox"/> Assist anesthesia during intubation and extubation
C. INTEGUMENT ___ Potential impairment of skin integrity due to _____ _____	<ul style="list-style-type: none"> <input type="checkbox"/> PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas). 	<ul style="list-style-type: none"> <input type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input type="checkbox"/> Check for proper positioning and support to maintain good body alignment. <input type="checkbox"/> Pad pressure points. <input type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input type="checkbox"/> Keep prep fluids from pooling.

9. PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>D. CIRCULATION</p> <p>____ Potential for inadequate tissue perfusion due to _____</p> <p>_____</p>	<p>o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).</p>	<p>o Check for support stockings or ace wraps. If none, check with doctors.</p> <p>o Check that safety straps are correctly applied.</p> <p>o Offer pillow for under knees.</p> <p>o Place and take down legs from stirrups with slow bilateral motion.</p> <p>o Check that rings have been removed.</p>
<p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. ____ Potential impairment of mobility due to _____</p> <p>_____</p> <p>E.2. ____ Potential discomfort due to _____</p> <p>_____</p>	<p>o Pt. will be transferred to OR table without difficulty.</p> <p>o Pt. will not experience unnecessary physical discomfort.</p>	<p>o Have sufficient people available for transfer.</p> <p>o Insure proper body alignment.</p> <p>o Allow patient to lie in position of comfort while waiting for surgery.</p> <p>o Offer support (i.e., pillows, bathtowels, etc.) for positioning.</p>
<p>F. NEUROMUSCULAR CONTROL</p> <p>F.1. ____ Disminished visual perception due to being _____</p> <p>_____</p> <p>F.2. ____ Potential for decreased communication due to _____</p> <p>_____</p> <p>F.3. Potential injury due to dentures. _____</p>	<p>o Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p>o Pt. will be transferred safely to OR table.</p> <p>o Pt. will be able to understand instructions.</p> <p>o Minimize danger of injury during intraop period.</p>	<p>o Introduce self. Keep pt. informed as to where he/she is and what is happening.</p> <p>o Inform pt. in which direction to move and assist if necessary.</p> <p>o Speak clearly and slowly.</p> <p>o Address pt. from _____ side.</p> <p>o Validate pt.'s understanding of verbal communications.</p> <p>o Verify removal of dentures.</p>
<p>G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.</p>	<p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p>	<p>OTHER NURSING INTERVENTIONS. Or continuation of above interventions.</p>

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

_____ DATE

11. POSTOPERATIVE EVALUATION:

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

DATE: _____ TIME: _____

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

DATE: _____ TIME: _____