

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.	
1. AGE: HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): 3. PREVIOUS SURGERY ☐ NO ☐ YES (type):	
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 _____ _____ _____	- o Pt. verbalizes any specific anxiety. - o Pt. exhibits relaxed body posture.	- o Allow pt. to verbalize freely. - o Explain OR environment and answer questions regarding surgery. - o Offer comfort measures, (e.g., warm blanket, touch) - o Explain all nursing procedures before they are done. - o Remain with pt. whenever possible. - o Maintain family interface.
B. AERATION ____ Potential for respiratory dysfunction due to _____ _____ _____	o PT. will be able to breathe without difficulty during immediate intra-operative phase.	- o Offer to elevate head of litter or offer pillow. - o Observe pt. while awaiting surgery for signs of distress - o Assist anesthesia during intubation and extubation
C. INTEGUMENT ____ Potential impairment of skin integrity due to _____ _____ _____	o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	- o Utilize pressure preventing devices on OR table and accessories. - o Check for proper positioning and support to maintain good body alignment. - o Pad pressure points. - o Place ESU ground pad on non compromised skin surface area. - o 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
D. CIRCULATION ____ Potential for inadequate tissue perfusion due to _____ _____	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ____ Potential impairment of mobility due to _____ _____ E.2. ____ Potential discomfort due to _____	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ____ Disminished visual perception due to being _____ _____ F.2. ____ Potential for decreased communictaion due to _____ _____ F.3. Potential injury due to dentures. _____	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from _____ side. o Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

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: