

<b>MEDICAL RECORD</b>	<b>PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT</b> <small>For use of this form, see AR 40-407; the proponent agency is The Office of the Surgeon General.</small>
-----------------------	--

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):
---------------------------------------	---

4. PROPOSED SURGICAL PROCEDURE:

---

5. ADDITIONAL INFORMATION:

---

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

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>_____</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: