OPERATION REPORT AND POST OPERATIVE ORDERS

PATIENT IDENTIFICATION LABEL

SPECIFIC ORDERS

Post operative tests / referrals ordered *PLEASE TICK ✓*

☐ Pathology_____ ☐ Radiology_____ ☐ Allied Health_____

Specific surgical orders

- Mobolise tomorrow morning following Physio assesment
- Trial of void in 24 hours.
- Full diet.
- Once mobolising, Physio + OT Assessment Consider have 2 days.

Completed by: Mrs Walker

Designation: Registrar

Pager:..... Date: Yesterday Time .....

Specific anaesthetic orders

Observations as protocol

Completed by: Dr Talbot

Designation: Consultant

Pager:..... Date: Yesterday Time .....

Day Procedure Discharge Planning *PLEASE TICK ✓*

☐ Discharge Prescription ☐ Follow Up Appointment ☐ Medical Certificate ☐ Written Instructions

OPERATION REPORT AND POST OPERATIVE ORDERS

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Process

To be completed Post -Op before moving out of recovery room to unit/ward area.

Date: Yesterday Time Completed: _____

Transfer Checklist:

Must be completed on Handover to Nurse picking patient up from recovery.

Yes N/A

- ☒ Pain Controlled Post Operative Total Analgesia Administered: _____
- ☒ Analgesic Infusion/PCA connected and running with program ordered and checked.
- ☒ Pain Registrar notified of difficult pain issues in recovery
- ☒ Pain Registrar notified if patient required naloxone in recovery
- ☒ Nausea controlled
- ☒ Vital Signs in satisfactory limits for patients requirements
- ☒ Dressing(s) Satisfactory for patients requirements
- ☐ Any other Medication given: _____
- ☒ Drain Tube)s) patent and insitu
- ☒ Indwelling Catheter insitu
- ☒ Intravenous Therapy/orders written for IV

Cannula

Date inserted: Yesterday Time:_____ Insertion Site: Rt Cub. fossa Inserted by_____

- ☒ ID Allergy bands correctly placed
- ☒ Private X-Rays with patient
- ☒ Past History with Patient
- ☐ Spectacles/Hearing Aid with Patient
- ☐ Dentures with Patient
- ☐ Oxygen and Suction required for RTW
- ☐ Discharge Summary Written
- ☒ Pharmacy Script Written
- ☒ Operation Notes Written
- ☒ Post Operative Notes Written
- ☐ Patients belongings with patient

Other: _____

OPERATION REPORT AND POST OPERATIVE ORDERS

PATIENT IDENTIFICATION LABEL

OPERATION REPORT

Date: YESTERDAY

CMBS Code:

Theatre: Theatre 5

Surgeon: Mr. PARKER

Assistants: Ms WALKER

Anaesthetist: Dr. Talbot

Operative Diagnosis: DYNAMIC HIP SCREW REPAIR

Name of Operation: LEFT DYNAMIC HIP SCREW REPAIR

Operation REPORT
Findings - including normal

Procedure - include detail of approach, procedure, closure

longitudinal incision made on left lateral aspect of Hip.

Skin, Subcutanes fat + Muscle dissected and retracted to femur.

Fracture site identified

Hip screw placed + confirmation of position Using C-arm.

Intenal muscle closing using Vicryl 7-0

Subcutanes Staples x 25 to close skin.

Name: Signature: Designation: Pager:

OPERATION REPORT AND POST OPERATIVE ORDERS

PATIENT IDENTIFICATION LABEL

Patient Post Operative Orders Checklist
Surgeon & Anaesthetist to complete

Escalation of Care

- Make **Direct** contact with Junior medical staff of the managing unit if report limits are met
- If no response, contact the unit registrar
- If no response, contact the consultant
- **Discussion & outcome must be documented in the patient history**
- If the patient's condition declines rapidly or meets Clinical Markers Criteria Phone WH 56588 or SH 50039 at Williamstown Please call a MET.

Managing Unit: Orthopaedic Ward.

Please tick ✓

PATIENT SPECIFIC REPORTABLE CRITERIA IF LEFT BLANK DEFAULT TO CLINICAL MARKER CRITERIA		CLINICAL MARKER CRITERIA
STANDARD RECOVERY AS PER HOSPITAL PROTOCOL	Ward: Every 30 minutes until stable then hourly for next 4 hours, 4 hourly for the next 24 hours **HR** < > **RR** < > **SBP** < > **T** >	**Nervous** Any unexplained deterioration in conscious state reduction in Glasgow Coma Scale > 2 **Cardiovascular** Systolic Blood Pressure <90mmHg despite treatment Heart Rate > 120min **Respiratory** Respiratory Rate >30 SaO2 <90% on Oxygen Difficult Breathing **Renal** Urine Output < 30mls/hr for 2 consecutive hours **Other** Any patient you are seriously worried about. Unable to obtain prompt assistance. Failure to respond to treatment. If in doubt as to call Clinical Marker or a Code Blue – **CALL A CODE BLUE**.
Oxygen **SaO2**	Commence ☐ NP _____ L/min ☒ Mask 2 L/min ☐ Report < _____
Blood Loss	Report if blood loss 5 %
Urine Output	Report < 30 ml/hr
Specific Observations	☐ Neurological ☐ Neurovascular ☐ Chest Pain ☐ Acute Pain Service ☒ Diabetic Treatment ☐ Other

Please tick ✓ N/A = Not Applicable

Surgical Care	**N/A** ☐	☐ **Wounds / Dressings** _____ ☒ Leave intact until review ☐ Complex (see over)
	☒	☐ **Drains *type / site*** ☐ Suction ☐ Free Drainage
	☒	☐ **NGT** ☐ Free drainage ☐ Aspiration _____ /24 ☐ Other
Restrictions related to this Procedure		☐ Unrestricted ☐ Spinal precautions (see over) ☐ Restricted (see overleaf) ☐ Head up: _____ Degrees
DVT Prophylaxis	☐	☒ Chemoprophylaxis documented on current medication chart ☐ Compression stockings ☐ Pneumatic Calf Compressors ☐ Nil
Medication *prescribed per medication chart*	☐	☐ Antibiotics ☐ Steroids ☐ Regional analgesia ☐ Insulin ☐ Anticonvulsant ☒ Analgesia ☐ Antiemetics ☐ Recommence pre-op anticoagulant _____
IV Fluids	☐	☒ As per IV Fluid Chart
Nutrition		☒ Full diet Nil by mouth _____ /24 then _____ ☐ Feeding tube ☐ TPN ☐ Oral fluids

Name: Signature Designation: Pager: