

09/07/08

SECRET

DATE OF VISIT:

ASSessment of Patient by Theatre Staff:

If 'Yes' specify :

YES/NO

Has patient been in Theatre before?

patient's/Parent's understanding of sequence of events.

Specified anxieties expressed:

Spells

Has patient any problems with:

1. Hearing
2. Vision
3. Speech
4. Mobility
5. Weight
6. Condition of skin

Note any other information relevant to preventing complications.

OPERATION DATE:

TIME:

IDENTIFICATION CHECK LIST:

CHECK PATIENT'S ARMBAND WITH THEATRE LIST

NAME: Ask patient/ward staff/parent

Hospital Number

Date of Birth

Allergies

Yes

Have the following been removed?

52

20

 $\frac{v}{z}$

Jewellery

Hair Accessories

Prosthesis

103

Yes

$$\frac{O}{Z}$$

Has consent form been signed?

Has premedication been given?

Has the patient been fasting?

陈

054-009-020

AS - ROYAL

TYPE OF ANAESTHETIC: *clb*

DATE:

OPERATION PERFORMED: CYSTOSCOPY & RETROGRADE Pyelography, U.G.I. & IVP 3/10.

TYPE OF ANAESTHETIC: *clb*

DIFFERENTIAL PROBLEMS

Communications

anxiety due to illness
and impending surgery

nothing.

way, objection

loss of body fluids

А. П. Плещинский

critical loss of dignity

• Maintaining Safe Environment

correct identification

Direct surgery performed.

AIM OF CARE

To express
anxiety

Maintenance of
clear airway

Maintenance of fluid and blood volume

Maintain
dignity

Correct
identify
patient and
proposed
surgery

NURSING ACTION

Receive Patient, Assess perceived anxiety & anxiety of parents if present. Consider and respond to needs. Stay with patient.

Have all necessary equipment available. Check for loose teeth. Report to anaesthetist during Anaesthetic procedure.

Monitor, record and report intake and output, if necessary. Weigh swabs & record & report to anaesthetist if necessary.

Expose only as necessary

Ensure checking procedure is complete and relevant details recorded and completed

SIGNATURE

22



2

11

COMMENTS/EVALUATION

H. accompanied
with mother - dose
to all trees

All necessary equipment
available. These among
maintained

Digitized by Google

Handwritten: A creek is
+ details correct

SIGNATURE:

054-009-021

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PROBLEMS	AIM OF CARE	NATURE	COMMENTS/VALUATION	SIGNATURE
Any safe	Safe Transfer	P.Bell	Sore tender Carried out	P.Bell
Any safe	Will not sustain injury	P.Bell	Placed in lithotomy position	P.Bell
Any safe	Will not sustain injury		2/17	
Any safe	Minimise the risk of skin damage	P.Bell	Washed skin intact.	P.Bell
Any safe	Ensure Foreign body is not retained		by suction	
Any safe	Minimise the risk of infection		by suction	
Any safe	Minimise risk of unnecessary Heat			

RECOVERY

PROBLEMS	AIM OF CARE	NURSING ACTION	EVALUATION	SIGNATURE
at risk of obstruction	To maintain clear airway	Nurse in semi-prone position for similar recovery position, to type of surgery procedure. Emergency suction. Emergency drugs at hand.	clear airway maintained	am Makoman
at risk of shock	Early detection & swift action	To observe closely, maintain temperature & hourly T.P.R. Blood Pressure, and sweating and drowsiness. Careful maintenance of body temperature with warm blankets before admission and use of warm gangée. To observe administration of I.V. fluids as prescribed, checking hourly. Observation of any drainage catheter due to surgery.	T P R with normal limits	am Makoman
at risk of pain	Control pain	Early detection of pain and discomfort before reaching peak. Administration of analgesia as prescribed.	no analgesia required	am Makoman
at risk of communication	To provide complete report of patient in Theatre	To provide brief analysis of anaesthetic surgery recovery and pain relief procedures	report given to ward staff	am Makoman
at risk of restlessness	Allay anxiety	Keep patient painfree and comfortable. Reassure patient by verbal and non-verbal communication. Allow patient to return to parents as soon as possible.	peaceful	am Makoman

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