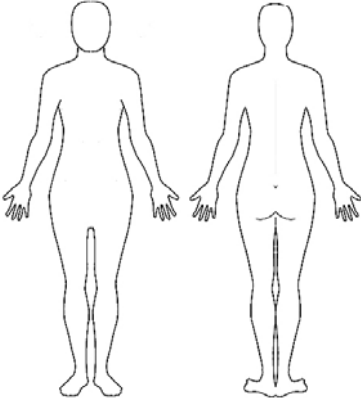


PROJECT HANDS-INTRAOP RECORD				Date:	
Procedure:				Patient Information:	
Procedure and site verbally confirmed with Patient: Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>NAME:</b>	
Signature: R.N.				<b>D.O.B.:</b>	
O.R. Room:		ASA Class:	Surgeon:	<b>CEDULLA:</b>	
Anesthetist		Assistant:		ALLERGIES	
<input type="checkbox"/> Local		<input type="checkbox"/> General	<input type="checkbox"/> Regional	<input type="checkbox"/> None	
<input type="checkbox"/> MAC				MEDICATIONS	
Into OR (Hrs)	Start (Hrs)	Finish (Hrs)	Out: (Hrs)		
Scrub Nurse:		Circ. Nurse:			
POSITION					
<input type="checkbox"/> Supine	<input type="checkbox"/> Prone	<input type="checkbox"/> Lithotomy		COUNT	
<input type="checkbox"/> Lateral	<input type="checkbox"/> Frogleg	<input type="checkbox"/> Jackknife		SPONGES <input type="checkbox"/> No <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
<input type="checkbox"/> Fowlers	<input type="checkbox"/> Other			Laps	
SKIN CONDITION				4 x 4	
<input type="checkbox"/> Pre-Op	<input type="checkbox"/> Normal	<input type="checkbox"/> Other: _____		Weckcell Spears	
<input type="checkbox"/> Post-Op	<input type="checkbox"/> Unchanged	<input type="checkbox"/> Other: _____		Other	
PADDING, SUPPORTS AND RESTRAINTS				NEEDLES <input type="checkbox"/> No <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
<input type="checkbox"/> Arm secured At Side <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Arth. Leg Holder			Suture	
<input type="checkbox"/> Arm secured on Arm Board <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Chest Rolls			Injection	
<input type="checkbox"/> Arm on Arm Table <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Foam Elbow Pads			Free	
<input type="checkbox"/> Arm secured across chest	<input type="checkbox"/> Foam Head Holder			MISC. <input type="checkbox"/> No <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
<input type="checkbox"/> Safety Belt	<input type="checkbox"/> Foam Heel Pads			Blades	
<input type="checkbox"/> Stirrups	<input type="checkbox"/> Sandbag			Cautery Tips	
<input type="checkbox"/> Pillow (s)Site: _____	<input type="checkbox"/> Bolster			Penrose Drain	
<input type="checkbox"/> Traction _____ lbs	<input type="checkbox"/> Knee Posts			Vessel Loops	
SURGICAL SKIN PREP				Syringes	
Shave: <input type="checkbox"/> Yes <input type="checkbox"/> No			Reels		
<input type="checkbox"/> Chlorhexidine Tincture			Count In	Count Out	
<input type="checkbox"/> Chlorhexidine Aqueous			Circ Signature		
<input type="checkbox"/> Bet Scrub Povidone			Scrub Signature		
<input type="checkbox"/> Bet Solution 10%			SPECIMENS		DRESSING
<input type="checkbox"/> Iodine 2%			<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
<input type="checkbox"/> Other			Type:		
<input type="checkbox"/> None	Disposition:				
ITEM LOCATION KEY				DRAINS, CATHETERS <input type="checkbox"/> N/A	
Safety Strap =	Oximeter ▲			Type:	
Ground Device <input type="checkbox"/>	ECG Leads •			Location:	
Prep //	Tourniquet T			Inserted by:	
TOURNIQUET <input type="checkbox"/> N/A				IMPLANTS <input type="checkbox"/> N/A	
Unit	mm/hg			PTO for Labels	
Up	Down			<input type="checkbox"/> K Wires	
TQ Position Checked by MD <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Mesh	
Applied By:				<input type="checkbox"/> Other	
ELECTROCAUTERY <input type="checkbox"/> N/A		THERMAL UNIT <input type="checkbox"/> N/A		PAIN PUMP <input type="checkbox"/> N/A	
Unit #	Cut	Coag	Unit #	Drug:	
Bipolar Unit #	Setting	Temp Setting	Location	Amount:	
Nurses Notes				Rate:	
Surgical Pause <input type="checkbox"/> Times:	Signatures:		Start Time:		