

# INTRAOPERATIVE CARE PLAN

**Nursing Diagnosis:** Potential for anxiety related to surgery

**Goal:** Patient demonstrates decreased anxiety.

**Interventions:**  Explanation of intraoperative procedures  
 Communicate patient concerns to other healthcare team members  
 Remain with the patient during induction

**Outcome:** Demonstrates adaptive coping strategies.  YES  NO  
Comments: \_\_\_\_\_

**Nursing Diagnosis:** Potential for injury

**Goal:** Patient will remain injury free

**Skin Pre-Op:**  Intact  Lesions \_\_\_\_\_ Location \_\_\_\_\_

**Position:**  Supine  Prone  Lithotomy  L Lateral  R Lateral  Beach Chair  
 Jack Knife  Fx Table  Arms Out  Arms Tucked  
Other \_\_\_\_\_

**Positioning Aids:**  Pillows  Sand Bag  Axillary Roll  Tape  Padded Arm Boards  
 Stirrups  Kidney Rest  Finger Traps

Safety strap applied to \_\_\_\_\_ Bipolar:  YES  NO # \_\_\_\_\_

ESU  YES  NO # \_\_\_\_\_ Applied by \_\_\_\_\_ Ground Pad to \_\_\_\_\_  
Tourniquet:  YES  NO # \_\_\_\_\_ with sheet wadding by \_\_\_\_\_ Area shaved:  YES  NO  
Pressure \_\_\_\_\_ Applied to:  L Leg  L Arm  R Leg  R Arm

Thermal Unit:  YES  NO # \_\_\_\_\_ Time ↑ \_\_\_\_\_ Time ↓ \_\_\_\_\_  
Venodyne Boots:  YES  NO Teds:  YES  NO Temp \_\_\_\_\_

**Counts:** Sponge  NA  Correct Initials \_\_\_\_\_  
Needles  NA  Correct Initials \_\_\_\_\_  
Instruments  NA  Correct Initials \_\_\_\_\_

**Outcome:** Tolerated procedure injury free \_\_\_\_\_ Initials \_\_\_\_\_  
Comments \_\_\_\_\_

**Nursing Diagnosis:** Potential for infection

**Goal:** Patient will remain infection free

**Operative site shave:**  YES  NA Initials \_\_\_\_\_

**Skin Prep:**  Betadine  PhisoHex  Alcohol  Duraprep Other \_\_\_\_\_ Initials \_\_\_\_\_

**Catheter:**  YES  NO Type \_\_\_\_\_ Output \_\_\_\_\_ Inserted by \_\_\_\_\_  
Color \_\_\_\_\_

DRAINS			PACKING		
TYPE	SIZE	SITE	TYPE	SIZE	SITE

**Outcome:** Infection control measures are maintained. Initials \_\_\_\_\_  
Comments \_\_\_\_\_

**Patient transferred to:**  PACU  SDS  ICU Other \_\_\_\_\_  
**Accompanied by:** \_\_\_\_\_

# CHART FORM FOR INTRAOPERATIVE NURSING DOCUMENTATION

Date \_\_\_\_\_ Room No. \_\_\_\_\_  
 Allergies \_\_\_\_\_ I have identified \_\_\_\_\_  
 as the patient on the table \_\_\_\_\_ op-site \_\_\_\_\_ Nurse's signature \_\_\_\_\_

ROOM TIME	OPERATION TIME	TOTAL TIME
Pt In _____	Incision _____	Room _____
Pt Out _____	Close _____	Operation _____

Pre-Op Dx \_\_\_\_\_  
 Post-Op Dx \_\_\_\_\_  
 Operation \_\_\_\_\_

Type of Case:  Scheduled  Add-On  Emergency  
 Major  Minor  
 Wound Class:  I  II  III  IV

Surgeon \_\_\_\_\_ Assistant \_\_\_\_\_  
 Circulating Nurse \_\_\_\_\_ Relief \_\_\_\_\_  
 Scrub Nurse \_\_\_\_\_ Relief \_\_\_\_\_  
 Anesthesiologist \_\_\_\_\_ Pediatrician \_\_\_\_\_

Type of Anesthesia:  Gen  MAC  Regional  Local  Spinal

Local Anesthesia Injected By:		NON-ANESTHETIC MEDICATIONS	
DRUG	DOSE	DRUG	DOSE

Wound Irrigation:  NO If YES:  Saline  Betadine  Other \_\_\_\_\_  
 Dye Used:  NO If YES:  Hypaque  Other \_\_\_\_\_  
 Specimens:  YES  NO # \_\_\_\_\_ X-Ray Taken:  YES  NO Type \_\_\_\_\_  
 Frozen Section:  YES  NO # \_\_\_\_\_ Hemostatic Agents:  NO  Surgical  Gel Foam  
 Cultures:  YES  NO # \_\_\_\_\_  Interceed  
 Cytology:  YES  NO # \_\_\_\_\_ Blood Given:  YES  NO Initials \_\_\_\_\_  
 Specimens Identified By Physician and Discarded in Medical Waste:  YES  NA

NAME \_\_\_\_\_ INITIALS \_\_\_\_\_

COMMENTS: \_\_\_\_\_

IMPLANTS	SERIAL NUMBER