

Brief Operative Note

Surgeon:	Dictation Conf #:
Assistant:	<input type="checkbox"/> FA <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Other:
Pre-Op Diagnosis:	
Postop Diagnosis: <input type="checkbox"/> Same or:	
Procedure:	
Anesthesia: <input type="checkbox"/> General LMA <input type="checkbox"/> GETA <input type="checkbox"/> MAC <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural/Caudal <input type="checkbox"/> None	
<input type="checkbox"/> Regional Block:	<input type="checkbox"/> Local:
Findings/Comments: <input type="checkbox"/> Findings consistent with principal post-op diagnosis or:	
Fluids: mL of: <input type="checkbox"/> LR <input type="checkbox"/> NS <input type="checkbox"/> Other:	Urine output: mL
Tourniquet: <input type="checkbox"/> None <input type="checkbox"/> _____ tourniquet at _____ mmHg for _____ minutes	
Complications: <input type="checkbox"/> None or:	
EBL: <input type="checkbox"/> < 10mL <input type="checkbox"/> _____ mL	
Blood products: <input type="checkbox"/> None <input type="checkbox"/> _____ units PRBCs <input type="checkbox"/> _____ units _____	
Drains/Tubes: <input type="checkbox"/> None <input type="checkbox"/> Type: _____	Quantity: _____ Location: _____
Packing: <input type="checkbox"/> None <input type="checkbox"/> Type: _____	Quantity: _____ Location: _____
Implants: <input type="checkbox"/> None <input type="checkbox"/> Type: _____	
Specimen: <input type="checkbox"/> None <input type="checkbox"/> Type: _____ Location: _____ <input type="checkbox"/> Path <input type="checkbox"/> Culture	
Post-op Cond: <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Critical <input type="checkbox"/> Other:	
Signature	Credentials
Date: / /201	Time: hrs