



Preoperative Interval Note

A History and Physical exam was performed on _____. It has been reviewed by me. The patient has been examined today. Changes to the patient's status are detailed below, if there are any.

ASA Score: _____
(For Moderate Sedation)

Provider Signature: _____ **Date:** _____ **Time:** _____

IMMEDIATE POST-OP NOTE (Complete all unless marked optional)

Immediate post op note dictated via Dragon (immediately available in EHR) including all required components.

Pre-Op Diagnosis: _____

Post-op Diagnosis/Findings: _____

Procedure Performed: _____

Surgeon: _____

Assistant: No Yes, Name: _____

Anesthesia performed (check all that applies):

- General Spinal Epidural MAC +/- Sedation Peripheral Nerve Block
- Local Retrobulbar Block

Complications: No Yes; please detail: _____

Blood Loss in mL (estimated): _____

Blood products transfused: No Yes; please list: _____

Specimen: No Yes; please list: _____

If specimen was removed, was it sent to pathology? No Yes

Grafts Implants Devices Casts Catheter
(See peri-operative nursing note for product information/details)

Drains: No Yes, (Type/Location optional): _____

Post op Plan/Other (Optional): _____

Provider Signature: _____ **Date:** _____ **Time:** _____

**Immediate Post-Operative Note
Island Hospital**

Document Owner: Lowry, Rhonda Registered Nurse Surgical Services
Original: 03/13/2018 Approved: 07/26/2018; Reviewed: 07/26/2018

Printed copies are for reference only. Please refer to the electronic copy for the latest version

Patient ID Sticker