

UNIT No:
W055723



David BAMBER
16 Stocks Road,
Chordle,
Lancashire
OL6 2QA

David BAMBER

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Title: Mr/Miss/Mrs/Ms: Mr	Surname: David	Forename(s): Bamber	Previous Name(s):
Date of Birth: 17/02/1954		Religion: RC – Roman Catholic	
Address: 16 Stocks Road, Chordle, Lancashire OL6 2QA		Contact Number(s): 0161 237 2435 (Home) 07765 719576 (Mobile)	
General Practitioner: Park Road Medical Centre, Charnley Lancashire OL22 4SP		Next of Kin: Mrs Ethel Bamber 16 Stocks Road, Chordle, Lancashire OL6 2QA	
Additional Information			

22/9/2009

PRE-OP CLINIC ELTUT : JOYCE FIREMAN (SR)

♂ 55 yrs

RIGHT HEMICORONARY

H: 1.8m W: 85kg BMI = 28.3 kg/m^2

CV: HYPERTENSION - 15 yrs (BENDROFLAZIDE) CONTROLLED
SMOKER: 10-15 (DAY)

RESP: SMOKER 10-15 (DAY)
ASTHMA (CONTROLLED)

OTHER: EPISODE? SUPPLEMENTUM ANNOXA
ALCOHOL 10-15 U / WEEK
INDIGESTION - POSSIBLE HIATUS HERNIA

PREV ANACS: ORIF RIGHT ANKLE (23 yrs) PSEUDOCHELWEST
-GLUCOSE DEFICIENCY NOTED.

MEDICATION : BENDROFLAZIDE 2.5mg
OMEZAZOLE 10mg
PREDNISOLONE 5.0mg
RANITIDINE 75mg
SALBUTAMOL PRN
BECLOMETHASONE 2X2.

ALLERGIES: NONE KNOWN

EXERCISE TOLERANCE: REASONABLY FIT THROUGH SPRINTS
WITH EPISODES OF ASTHMA

VS T 36.6° HR 64 BP 175/80 RR 18

SaO₂ = 94% (AIR)

SUMMARY:

PRE-OP ASSESSMENT - ELDERLY GENTLEMAN WITH
MODERATE RISK IN CV AND RESPIRATORY SYSTEMS
HIGH RISK ASSOCIATED WITH PROCEDURE

ASA II-III

- REFER TO CONSULTANT ANAESTHETIST

- 12 LEAD ECG

- CXR.



J. ARREMAN.

Anaesthetic Preoperative Assessment

Anaesthetist: <i>ELISABETH</i>	Ward: <i>F3</i>	Sex: <i>M</i>	Date/Time: <i>5/10/09</i>
Allergies: <i>None</i>	Weight (kg):	Age: <i>55</i>	BMI:
Previous Anaesthetic: <i>YPS - MAB</i>	ASA Grade: 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>		
Known Problems:	CEPOD	EL <input checked="" type="radio"/>	URG <input checked="" type="radio"/> EM <input type="radio"/>
Last Food/Drink: <i>last night</i>	Consent obtained for regional analgesia		
Anaesthetic Technique/Risks discussed: <i>GA - sore throat</i>	Consent obtained for PR analgesia		
<i>- epidural consent ✓ (no cloxanth in am)</i>			

Systems Review/Examinations

Cardiac problems:	<i>Controlled HT.</i> <i>BMI 35</i> <i>ON.</i> <i>↓ ROM of neck. MP II</i> <i>Smokes 40/day (28 cigs/wk)</i> <i>✓ cough + phlegm in mornings.</i>	Medication
Respiratory problems:		<i>Ramipril.</i>
Exercise tolerance:		<i>Atenolol.</i>
Dental state:		
Potential airway problems:		
Cigarettes:		

Investigations

ECG	<i>ON</i> <i>ECG</i>	FBC	<i>10.2</i>
CXR	<i>ON</i>	U&E	<i>10</i>
Blood	<i>G&S</i> X-matched	Clotting	<i>10</i>
		units	Signed <i>AM Barry</i>

Anaesthetist's Handover and Post-operative Instructions

Oxygen:	Litres	Hours
Further IVI:	<i>H&U + lines + epidural</i>	
Analgesia:		
Observations:		
		Signed <i>AM Barry</i>

Patient Details

Operation performed:	<u>(R) H2MICOLLECTOMY</u>	Date:	<u>5/10/04</u>	
		Theatre:	<u>1100 4</u>	
Patient position:	<u>Supine</u>	Time start:	<u>1100</u>	
		Anaesthetist (1)	<u>OUSUF</u>	
Eye care/padding:	<u>Tape</u>	Anaesthetist (2)		
Patient warming device:	<u>on table / blower</u>	Surgeon (1)	<u>HOBBISS</u>	
Venous access site (1)	<u>146</u>	Surgeon (2)		
(2)		Anaesthetic Assistant:	<u>ADPZE</u>	

General Anaesthetic Technique

Pre Oxygenation:	<u>(Y)</u>	N	HME	<u>(Y)</u>	N
Cricoid Pressure:	Y	<u>(N)</u>	Throat Pack	In	Out
Grade at Laryngoscopy:	I	II	<u>(III)</u>	IV	Bougie
Airway Type/Tube:	<u>COBT</u>		Size:	<u>9.0</u>	
Ventilation:	<u>SV/Vent</u>				
Circuit:	<u>circle/T piece/other</u>				

Monitoring

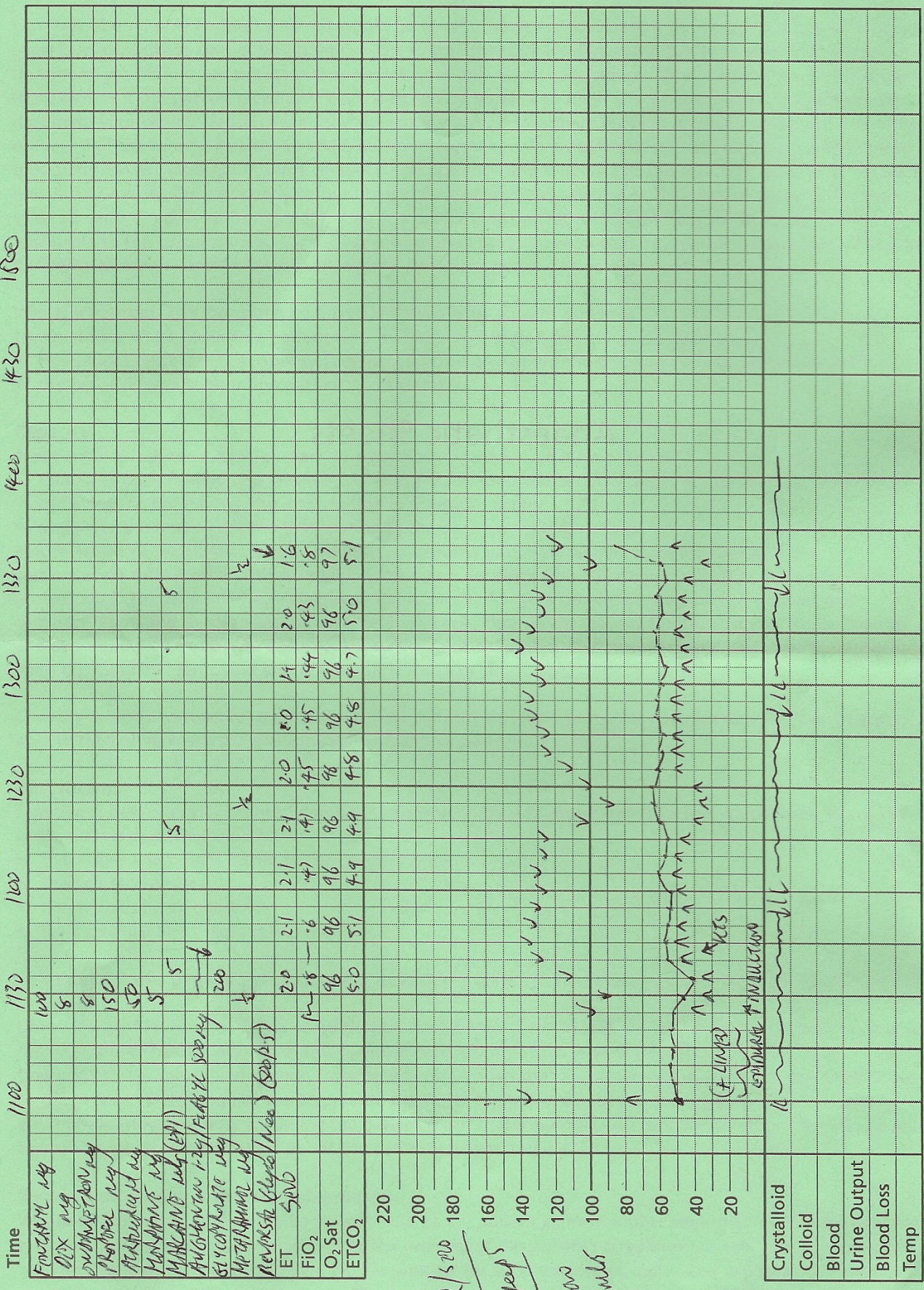
ECG	/
NIBP	/
FIO ₂	/
ET CO ₂	/
ET Agent	/
SaO ₂	/
Tidal Volume	/
Respiratory Rate	/
Airway Pressure(s)	/
CVP	/
Arterial BP	/
N-M Junction	/
Temperature	/
Urine Output	/
Blood Loss	/
CO/PCWP	
Compression boots	/
Fluid warmer	/
Machine check/alarms	/

Local/Regional Anaesthetic Technique

<u>(Epidural)</u>	Spinal	Nerve Block	Infiltration	Name of operator	<u>OUSUF</u>
Conscious State:	<u>(Awake)</u>	Asleep	Sedation	Name of supervisor	
Technique					
<p><u>Full block -</u> <u>Chlorhex</u> ✓ <u>SITTING</u> <u>T7/8</u> <u>5mls 1% lig to skin.</u> <u>1 PRS LOR to suture + bubble. 6ml</u> <u>12cm at skin. clip + together</u></p> <p><u>3mls 2% lig test -</u> <u>(no effect)</u></p>					
LA Type:		0.5%	0.25%	Volume	mls

Signed

Almond



O₂ / AR / 5000
 500 x IL peeps
 low flow
 low 500ml/hr

Crystallloid	
Colloid	
Blood	
Urine Output	
Blood Loss	
Temp	

INTRA-OPERATIVE CARE PLAN

ANAESTHETIC TYPE

General <input type="checkbox"/>	LMA <input type="checkbox"/> Nasal <input type="checkbox"/> ETT <input checked="" type="checkbox"/>	Serial No. Local Infiltration <input type="checkbox"/>	Pre operativeml Post operativeml	Venflon Sited <u>basin left hand</u> Date: <u>5-10-2004</u> Time: <u>10-46</u> Chlorosept Used Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Spinal <input type="checkbox"/> Epidural <input checked="" type="checkbox"/>	Sedation <input type="checkbox"/> Other <input type="checkbox"/>			

POSITIONING

Supine <input checked="" type="checkbox"/>	Lithotomy <input type="checkbox"/>	Neck Extended <input type="checkbox"/>	Knee Chest <input type="checkbox"/>								
Prone <input type="checkbox"/>	Lloyd Davies <input type="checkbox"/>	Fracture/Traction Table <input type="checkbox"/>	Trendelburg <input type="checkbox"/>								
Arm Board/Table <table style="display: inline-table; vertical-align: middle;"> <tr><td>Right</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Left</td><td><input checked="" type="checkbox"/></td></tr> </table>		Right	<input checked="" type="checkbox"/>	Left	<input checked="" type="checkbox"/>	Lateral <input type="checkbox"/> <table style="display: inline-table; vertical-align: middle;"> <tr><td>Right</td><td><input type="checkbox"/></td></tr> <tr><td>Left</td><td><input type="checkbox"/></td></tr> </table>		Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
Right	<input checked="" type="checkbox"/>										
Left	<input checked="" type="checkbox"/>										
Right	<input type="checkbox"/>										
Left	<input type="checkbox"/>										
Shoulder table <input type="checkbox"/> (Other.....)		Angle of Arm <table style="display: inline-table; vertical-align: middle;"> <tr><td>Right</td><td><u>90</u>°</td></tr> <tr><td>Left</td><td><u>90</u>°</td></tr> </table>		Right	<u>90</u> °	Left	<u>90</u> °				
Right	<u>90</u> °										
Left	<u>90</u> °										

PRESSURE RELIEVING DEVICES & ACCESSORIES

Jelly/Pegasus Mattress <input type="checkbox"/>	Jelly Heel Rests <input checked="" type="checkbox"/>	Sandbag <input type="checkbox"/> Site.....
Under knee support <input type="checkbox"/>	Head Ring <input type="checkbox"/>	Supine Eye Protection as per standard <input type="checkbox"/>
Bean Bag <input type="checkbox"/>	Elbow Restraints <input type="checkbox"/>	Others <input type="checkbox"/>

PNEUMATIC TOURNIQUET

Site	
Pressure	
Duration	
Removed by	

JACQUES/DIGIT CATHETER TOURNIQUET

Site	
Duration	
Removed by	

Charnley Pipes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Navigation System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
x-ray used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radiographer's Name	

DIATHERMY

Monopolar <input checked="" type="checkbox"/>	Bipolar <input type="checkbox"/>						
Site of plate <u>left leg</u>	Type of plate <table style="display: inline-table; vertical-align: middle;"> <tr><td>Single</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Double</td><td><input type="checkbox"/></td></tr> </table>	Single	<input checked="" type="checkbox"/>	Double	<input type="checkbox"/>	Facial Nerve Monitor <input type="checkbox"/>	
Single	<input checked="" type="checkbox"/>						
Double	<input type="checkbox"/>						
Signature of person applying plate <u>J. Whiting</u>	Print Name <u>J. WHITING</u>						

NORMOTHERMIA MANAGEMENT

Patient Warmer <input checked="" type="checkbox"/>	Type <u>forced air</u>
Temperature Probe <input checked="" type="checkbox"/>	Site <u>oesophageal</u>
Fluid Warmer <input checked="" type="checkbox"/>	Other <u>forced air coil</u>

ANTI-EMBOLIC DEVICES

Anti-embolic stockings <table style="display: inline-table; vertical-align: middle;"> <tr><td>Left</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Right</td><td><input checked="" type="checkbox"/></td></tr> </table>	Left	<input checked="" type="checkbox"/>	Right	<input checked="" type="checkbox"/>	Compression Device <input type="checkbox"/> <table style="display: inline-table; vertical-align: middle;"> <tr><td>Left</td><td><input type="checkbox"/></td></tr> <tr><td>Right</td><td><input type="checkbox"/></td></tr> </table> Pressure.....mmHg	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>								
Right	<input checked="" type="checkbox"/>								
Left	<input type="checkbox"/>								
Right	<input type="checkbox"/>								
Thigh/Knee <input checked="" type="checkbox"/>									
Signature of Practitioner requesting use of above Print									

SKIN PREP

Antiseptic Betadine <input checked="" type="checkbox"/>	Savlon <input type="checkbox"/>
Alcoholic Betadine <input checked="" type="checkbox"/>	Hibidil <input type="checkbox"/>
Chlorhexadine <input type="checkbox"/>	Other

SKIN CLOSURE

Absorbable <input type="checkbox"/>	Steristrips <input type="checkbox"/>
Non-absorbable <input type="checkbox"/>	Skin Clips <input checked="" type="checkbox"/>
Other	

DRESSINGPrimapore/opsite Blue Swabs Unitulle/Mepitel Wool & Crepe

Pack _____

Other _____

DRAIN N/A Type size 12 suctionSite abdomenSutured With 2/0 silk**SPECIMEN** Y/NMicrobiology Cytology Histology Frozen Section

Other _____

Name of Specimen colon

Surgeon aware of number of specimen **CATHETER**Type Silicone size 12Balloon Size 60ml**OPERATION DETAILS**Actual Operation Right hemi-colectomyThroat pack removed by _____ N/ADiathermy site clear Pad removed by (Print Name) J. WHITINGInitial swab, instrument checked and performed by J. WHITINGSwabs, instruments, needles, correct: YES NO Action Taken _____

Scrub Personnel Signature _____ Print Name _____

Circulating Personnel Signature JH White Print Name J. WHITING

2nd Scrub nurse _____ Print Name _____

Circulating Nurse JH White Print Name J. WHITINGAnaesthetic Assistant Signature A. Nightingale Print Name A. NightingalePatient transferred on to Bed Trolley Charnley Wedge In situ **INTRAOPERATIVE INCIDENTS & COMMENTS**

None

Patient cleaned post-operatively as per standard Scrub Nurse handover to Recovery Nurse JH White Print Name J. WHITINGProperty handed to recovery nurse

Pain Score:-

- 3 - Severe,
- 2 - Moderate,
- 1 - Mild,
- 0 - No Pain

Nausea Score:-

- 2 - Severe nausea and or vomiting,
- 1 - Nausea and vomiting,
- 0 - No nausea or vomiting

Sedation Score:-

- A - Awake,
- V - Voice,
- P - Pain,
- U - Unresponsive.

VIP Score:-

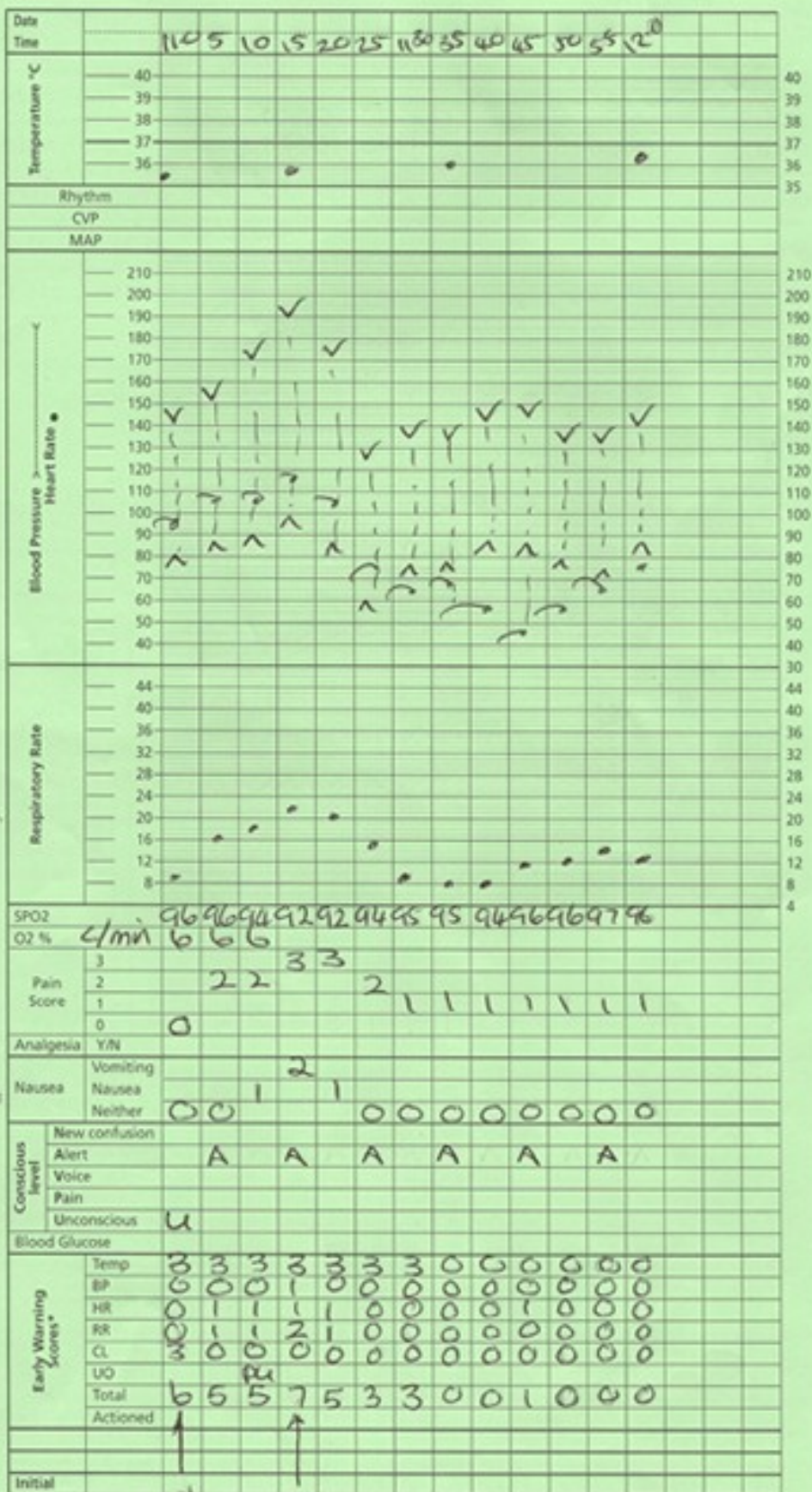
- 0 - Site healthy,
- 1 - Slight pain,
- 2 - Pain, swelling,
- 3 - Pain, medium Phlebitis,
- 4 - Extensive pain / Phlebitis
- 5 - Advanced thrombophlebitis

KEY:

EWS =
Early Warning Score

BGM =
Blood Glucose Monitoring

VIP =
Visual Infusion Phlebitis



GS25

↑
Anox present

↑
dyb heart

RECOVERY CARE PLAN

Time into recovery: 11.0 Hrs
 Oxygen on transfer: 6 l/min

Given via:
 Mask
 Laryngeal Mask Airway (LMA)
 Endo Tracheal Tube (ET)
 Tracheostomy Tube
 Nasal Tube (NT)

Accompanied by Anaesthetist YES / NO
 Anaesthetist present until extubation YES / NO / NA

Time Extubated / LMA Removed: 11.05 Hrs
 Removed by: DR Euseb

Oxygen given post extubation: 6 l/min
 SpO₂ < 92 11.20 am 10 l/min Via Hudson mask.
Via non re breathing mask

COMMENTS

11.0 Pt admitted into recovery breathing SpO₂ via ETT
 6L/O₂ + Waters Circuit - Routine obs commenced.
 11.05 pt extubated 6L/O₂ via Hudson mask pt Alert
 + 40 Pain Epidural commenced @ 12ml/hour.
 11.10 Pt 40 Severe pain? epidural patchy - block checked
 Morphine bolus given RIV by DR. Euseb - Epidural stopped
 20 Pt 40 Severe pain - morphine bolus. ? prescribed PCA
 at feet nauseated RIV by DR Euseb
 12.00 Discharged back to ICU.

	BLADDER IRRIGATION	IN	OUT
Theatre			
Recovery			

DRUGS GIVEN IN RECOVERY

Drug	Dose	Route	Time	Signature
Epidural	12ml/hour	EPI	11.05	Dr. Euseb
Ondansetron	4mg	IV		
Morphine	5mg	IV	11.10	
Morphine	5mg	IV	11.25	

RECORDS

Peri-operative Care Plan X-rays
 Wardex PCA/Epidural Chart
 IVI Chart Property _____
 Discharge Prescription

Recovery Nurse Signature: [Signature] Print Name: D. JONES

RECOVERY NURSE TO WARD NURSE HANDOVER

	INSTRUCTIONS / COMMENTS
OXYGEN	10L/min via non-rebreathing mask to RLV by Dr Euseb
IV THERAPY	VIP Score = 0 Fluids as prescribed in Harbmanns in SM.
CATHETER / URINE OUTPUT	Catheter used in theatre. ULO 735ml/hours.
VITAL SIGNS RECORDED	As charted
PAIN SCORE ON DISCHARGE FROM RECOVERY	0 Epidural stopped PCA prescribed
SEDATION SCORE ON DISCHARGE FROM RECOVERY	Alert + responsive
WOUND DRESSINGS CHECKED	Abdo dressing clean dry + intact
DRAINS CHECKED	Drains checked see fluid balance chart.
IRRIGATION	
COLOUR, SENSATION & MOVEMENT CHECKED: POP <input type="checkbox"/> WEDGE <input type="checkbox"/> SPLINT <input type="checkbox"/>	
PRESCRIBED DEVICE IN SITU: PCA <input checked="" type="checkbox"/> EPIDURAL <input type="checkbox"/> SYRINGE DRIVER <input type="checkbox"/> DRIP COUNTER <input type="checkbox"/> OTHER _____	
CHECKED BY: RECOVERY NURSE SIGNATURE _____ WARD NURSE SIGNATURE _____ PRINT NAME: _____ PRINT NAME: _____ DATE: _____ TIME: _____ DATE: _____ TIME: _____	
OTHER INFORMATION / POST OPERATIVE CARE Monitor SpO ₂ Continuously; RLV + change to non-rebreather mask to 4L/min via Hudson Mask to Sats > 94%	

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