

UNIT No:
W236174

Jane ARMITAGE
58 Worthington Close,
Hinkley,
Greater Manchester
M54 8BL

Jane ARMITAGE

UNIT No:
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Title: Mr/Miss/Mrs/Ms: Ms	Surname: Armitage	Forename(s): Jane Ann	Previous Name(s):
Date of Birth: 24/08/1979		Religion: None	
Address: 58 Worthington Close, Hinkley, Greater Manchester M54 8BL		Contact Number(s): 0161 237 2435 (Home) 07765 719576 (Mobile)	
General Practitioner: Dr. Smith & Partners Hinkley Medical Centre, Hinkley Greater Manchester M54 2BL		Next of Kin: Mrs. Mirriam Armitage (Mother) 14 Ford Street, Bambridge, Cheshire CW67 3JK	
Additional Information			

15/9/2009

PRE-OP CLINIC: JOYCE FLETCHER (SR).

♀ 30 YRS.

REPAIR LEFT FEMORAL HERNIA

H: 1.65cm W: 62kg BMI = 22.8 kg/m²

CV: NONE

RESP: EX-SMOKER (7 YRS) 10-15/day.

GENERAL: IN GOOD HEALTH

PREV ANAES: TONSILLECTOMY - 6 YRS ○ PROBS

EXERCISE TOLERANCE: PLAYS TENNIS, ATTENDS RUNNING CLUB TWICE A WEEK

MEDICATIONS: NONE

FAMILY HISTORY: FATHER - MI 70 YRS (DIED).

ALLERGIES: ○ PHARM
DOMESTIC ANIMALS
DUST MITZ

VS: T: 36.9° HR: 68 BP 115/60 RR: 15 SaO₂: 98%

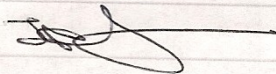
SUMMARY:

MS Armitage seen for pre-op assessment. fit and healthy active lady of Afro-Caribbean origin.

INVESTIGATIONS: SICKLE SCREEN - NAD

LMP: 8 DAYS.

RECOMMEND: PROCEED AS DAY-CASE.

 J. ARMITAGE

Anaesthetic Preoperative Assessment

Anaesthetist: <i>EVISUF</i>	Ward: <i>C4</i>	Sex: <i>F</i>	Date/Time: <i>5/10/09</i>
Allergies: <i>None</i>	Weight (kg):	Age: <i>30</i>	BMI:
Previous Anaesthetic: <i>YES - MAB</i>	ASA Grade: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		
Known Problems:	CEPOD <input type="checkbox"/> EL <input checked="" type="checkbox"/> SCH <input type="checkbox"/> URG <input type="checkbox"/> EM <input type="checkbox"/>		
Last Food/Drink: <i>last night</i>	Consent obtained for regional analgesia		
Anaesthetic Technique/ Risks discussed: <i>GA - sore throat. Consented for block (ilio-inguinal)</i>	Consent obtained for PR analgesia		

Systems Review/Examinations

Cardiac problems:	} <i>Fit + well</i>	Medication	
Respiratory problems:		} <i>None</i>	
Exercise tolerance:			
Dental state:			<i>- OK orofluor</i>
Potential airway problems:			<i>- OK MPT</i>
Cigarettes:			<i>smoke 20 in/wk</i>

Investigations

ECG	} <i>-</i>	FBC	<i>(N)</i>
CXR		U&E	
Blood	G&S	X-matched	Clotting
			units
			Signed <i>AT Brumf</i>

Anaesthetist's Handover and Post-operative Instructions

Oxygen:	Litres	Hours
Further IVI:	} <i>Positive monitoring. Oral analgesia - ward. 10mg iv morphine recovery</i>	
Analgesia:		
Observations:		
		Signed <i>AT Brumf</i>

Patient Details

Operation performed:	<u>(L) inguinal hernia</u>	Date:	<u>5/10/09</u>	
		Theatre:	<u>4</u>	
Patient position:	<u>SUPINE</u>	Time start:	<u>1100</u>	
		Anaesthetist (1)	<u>pusur</u>	
Eye care/padding:	<u>Tape</u>	Anaesthetist (2)		
Patient warming device	<u>on table / blower</u>	Surgeon (1)		
Venous access site (1)	<u>22G DCA</u>	Surgeon (2)		
(2)		Anaesthetic Assistant:	<u>ADDE</u>	

General Anaesthetic Technique

Pre Oxygenation:	<u>Y</u> <u>N</u>	HME	<u>Y</u> <u>N</u>
Cricoid Pressure:	<u>Y</u> <u>N</u>	Throat Pack	In Out <u>Y</u> <u>N</u>
Grade at Laryngoscopy:	<u>I</u> <u>II</u> <u>III</u> <u>IV</u>	Bougie	<u>Y</u> <u>N</u>
Airway Type/Tube:	<u>Endotracheal LMA</u>	Size:	<u>5</u>
Ventilation:		SV/Vent	
Circuit:		<u>circle/T</u> piece/other	

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

Epidural	Spinal	Nerve Block	Infiltration	Name of operator	<u>pusur</u>
Conscious State:	Awake	<u>Asleep</u>	Sedation	Name of supervisor	
Technique					
<p><u>D10-INQUIRE BLOCK -</u></p> <p><u>Non TOUCH TECHNIQUE.</u></p> <p><u>SUPERIOR ANTERIOR ILIAC SPINE 1cm in-</u></p> <p><u>30 mlr 0.25% MARCAINE.</u></p> <p><u>NO COMPLICATIONS</u></p>					
LA Type:		0.5%	0.25%	Volume	mls

Signed

[Signature]

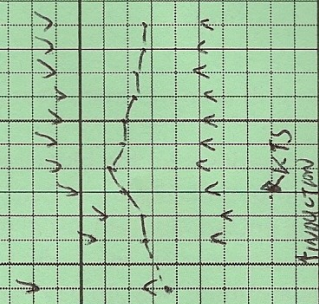
Time 1100 1130 1200

FENTANYL 100
 DEX 8
 CHLORAMPHENICOL 8
 PROPOL 150
 MORPHINE 5
 PROTHROMBIN 1
 VOLTAREN 25
 AUGMENTIN 12

ET S₁₀₀ 1.9 2.2 2.1
 FIO₂ 1 8 5 15
 O₂ Sat 99 99 99
 ETCO₂ 5.4 5.1 4.9

220
 200
 180
 160
 140
 120
 100
 80
 60
 40
 20

O₂ 10L/5010
 400 x 14
 400 x 14
 flow
 10-15
 400 x 14



1100 1130 1200

Crystalloid
 Colloid
 Blood
 Urine Output
 Blood Loss
 Temp

INTRA-OPERATIVE CARE PLAN

ANAESTHETIC TYPE

General <input checked="" type="checkbox"/>	LMA <input checked="" type="checkbox"/> Nasal <input type="checkbox"/> ETT <input type="checkbox"/>	Serial No. _____ Local Infiltration <input checked="" type="checkbox"/>	Pre operative _____ ml Post operative <u>buvicaine 0.5, 15 ml</u> Venflon Sited <u>8-10 2009 dorsum left hand</u> Date: <u>5-10-09</u> Time: <u>11-00</u> Chlorocept Used Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Spinal <input type="checkbox"/> Epidural <input 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 <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>	Lateral <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>
Shoulder table <input type="checkbox"/>	(Other _____)		

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"/>	Facial Nerve Monitor <input type="checkbox"/>
Site of plate <u>Right thigh</u>	Type of plate <input checked="" type="checkbox"/> Single <input type="checkbox"/> Double	
Signature of person applying plate <u>[Signature]</u>	Print Name <u>J. WILKING</u>	

NORMOTHERMIA MANAGEMENT

Patient Warmer <input type="checkbox"/>	Type _____
Temperature Probe <input type="checkbox"/>	Site _____
Fluid Warmer <input type="checkbox"/>	Other _____

ANTI-EMBOLIC DEVICES

Anti-embolic stockings <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>	Thigh/Knee <input type="checkbox"/>	Compression Device <input type="checkbox"/>	Left <input type="checkbox"/> Right <input type="checkbox"/>	Pressure _____ mmHg
Signature of Practitioner requesting use of above _____			Print _____		

SKIN PREP

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

DRESSING

Primapore/opsite Blue Swabs
Unitulle/Mepitel Wool & Crepe
Pack _____
Other _____

SPECIMEN Y N

Microbiology Cytology
Histology Frozen Section
Other _____
Name of Specimen _____
Surgeon aware of number of specimen

DRAIN N/A

Type _____
Site _____
Sutured With _____

CATHETER

Type _____
Balloon Size _____

OPERATION DETAILS

Actual Operation left inguinal hernia mesh repair

Throat pack removed by _____ N/A

Diathermy site clear Pad removed by (Print Name) J. WHITING

Initial swab, instrument checked and performed by J WHITING

Swabs, instruments, needles, correct: YES NO Action Taken _____

Scrub Personnel Signature R Smith Print Name R SMITH

Circulating Personnel Signature J Whiting Print Name J Whiting

2nd Scrub nurse R Smith Print Name R SMITH

Circulating Nurse J Whiting Print Name J. WHITING

Anaesthetic Assistant Signature A. McHugh Print Name A. McHugh

Patient 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 R SMITH Print Name R Smith

Property handed to recovery nurse

Date	02/09					
Time	020	25	30	35	40	50
Temperature °C	40					
	39					
	38					
	37					
	36					
Rhythm						
CVP						
MAP						
Blood Pressure Heart Rate	210					
	200					
	190					
	180					
	170					
	160					
	150					
	140					
	130					
	120					
110						
100						
90						
80						
70						
60						
50						
40						
Respiratory Rate	44					
	40					
	36					
	32					
	28					
	24					
	20					
	16					
	12					
	8					
SPO2	96	96	97	97	98	98
O2 %	4mm	4	4	4	4	4
Pain Score	3					
	2		2	2	1	1
	1					
	0					
Analgesia	Y/N				Y	
Nausea	Vomiting					
	Nausea			1	1	
	Neither					0 0
Conscious level	New confusion					
	Alert			A	A	A
	Voice					
	Pain					
	Unconscious	U				
Blood Glucose	Temp	0	0	0	0	0
	BP	0	0	0	0	0
	HR	0	0	0	0	0
	RR	0	0	0	0	0
	CL	0	0	0	0	0
	UO	0	0	0	0	0
	Total	3	1	0	1	0
	Actioned					
Initial		KV	MA	MA	AV	AV

Pain Scores:-

- 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

G525

RECOVERY CARE PLAN

Time into recovery: 10.20 Hrs
 Oxygen on transfer 4 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: 10.25 Hrs

Removed by: ODP Jones

Oxygen given post extubation: 4 l/min

COMMENTS

10.20 Patient admitted into recovery breathing Spont via LMA 4L/min O₂ BP/SpO₂ monitoring commenced.
 10.25 LMA expelled O₂ 4L/min via Hudson Mask
 10.30 Pt complained of pain - Moderate - EWS 1
 10.40 Pt discharged to Ward.

	BLADDER IRRIGATION	IN	OUT
Theatre			
Recovery			

DRUGS GIVEN IN RECOVERY

Drug	Dose	Route	Time	Signature
Kapack	30/500/2	oral	10.35	<u>[Signature]</u>

RECORDS

Peri-operative Care Plan X-rays
 Wardex PCA/Epidural Chart
 IVI Chart Property NONE
 Discharge Prescription

Recovery Nurse Signature

Print Name: D Jones

Jane Armitage

RECOVERY NURSE TO WARD NURSE HANDOVER

	INSTRUCTIONS / COMMENTS
OXYGEN	4L/min for 24 hours.
IV THERAPY	AS per fluid balance chart VIP Score 0 1L Hartmans in Situ.
CATHETER / URINE OUTPUT	—
VITAL SIGNS RECORDED	AS charted. <i>Temp 37.5 on arrival</i>
PAIN SCORE ON DISCHARGE FROM RECOVERY	2 - mild.
SEDATION SCORE ON DISCHARGE FROM RECOVERY	Awake.
WOUND DRESSINGS CHECKED	Area clean + dry
DRAINS CHECKED	N/A
IRRIGATION	N/A
COLOUR, SENSATION & MOVEMENT CHECKED: POP <input type="checkbox"/> WEDGE <input type="checkbox"/> SPLINT <input type="checkbox"/>	N/A.
PRESCRIBED DEVICE IN SITU: PCA <input 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 Surgeon will speak to Jane & family asap.	

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