

**UNIT No:**  
**W015233**

**Roger CLARIDGE**  
**32 Freshwater Drive,**  
**Blinton,**  
**Lancashire**  
**OL23 12XQ**

**Roger CLARIDGE**

**UNIT No:**  
**W015233**

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Title: Mr/Miss/Mrs/Ms: <b>Mr</b>	Surname: <b>Claridge</b>	Forename(s): <b>Roger</b>	Previous Name(s):
Date of Birth: <b>17/03/1943</b>		Religion: <b>CE – Church of England</b>	
Address: <b>32 Freshwater Drive, Blinton, Lancashire OL23 12XQ</b>		Contact Number(s): <b>0161 237 2435 (Home) 07765 719576 (Mobile)</b>	
General Practitioner: <b>Park Road Medical Centre, Charnley Lancashire OL22 4SP</b>		Next of Kin: <b>Mr. Ernest Claridge (Brother) 2 The Copse, Newtown, Lancashire OL23 3HG</b>	
Additional Information			

23/9/2009

PRE-OP ETHN: JOYCE FIREMAN (SR)

♂ 66 YRS

TURP [TRANS-URETHRAL RESECTION OF PROSTATE]

H: 1.75M W 90KG BMI = 29.4 kg/m<sup>2</sup>

● CV: HYPERTENSION - 20 YRS.

MI x 2 - LAST 18/12

CABG - 5 YRS

ANGINA (STABLE) - 5 YRS

BREATHLESS ON EXERCISE - UNABLE TO LIE DOWN (PILLOWS X5)  
OEDEMA.

RESP: SMOKER - 10/DAY. (5 YRS)

- 20/DAY (30 YRS).

- COPD: CHEST INFECTION 3/12

● OTHER: DIABETES (IDDM) - 5 YRS.

OBES

ALCOHOL 35-40 U/WK.

PREV ANNES: CABG - 5 YRS (UNEVENTFUL)

COLLES # - 25 YRS "

TONSILECTOMY - 60 YRS "

EXERCISE TOLERANCE: BREATHLESS ON EXERCISE 0 STAIRS

MEDICATION: ASPIRIN 75mg  
ATENOLOL 30mg  
AMIODIPINE 10mg  
BECAMETHASONE 2x2  
SALBUTAMOL PEN  
PREDNISOLONE 20mg  
+ FLUOXETINE 30mg

ALLERGIES: PENICILLIN - RASH  
CEFAZOLIN "

VS: T 36.8° HR 92 BP 170/110 RR 20 SaO<sub>2</sub> 91

SUMMARY:

SEEN PRE-OP ASSESSMENT - OBESSE GENTLEMAN  
WITH SIGNIFICANT CV AND RESPIRATORY RISK  
ASA III-IV

- REFER TO CONSULTANT ANAESTHETIST.
- 12 LEAD ECG.
- CXR



J. FITZGIBBON.

### Anaesthetic Preoperative Assessment

Anaesthetist: <i>EMUF</i>	Ward: <i>C3</i>	Sex: <i>M</i>	Date/Time: <i>5/10/09</i>			
Allergies: <i>Penicillin</i>	Weight (kg):	Age: <i>66</i>	BMI:			
Previous Anaesthetic: <i>YES - MAD</i>	ASA Grade:	1	2	<b>3</b>	4	5
Known Problems:	CEPOD	EL	<b>SCH</b>	URG	EM	
Last Food/Drink: <i>YESTERDAY</i>	Consent obtained for regional analgesia					
Anaesthetic Technique/Risks discussed:	Consent obtained for PR analgesia					
<i>Spinal - MAD</i> <i>Rockade</i> <i>have damage to</i> <i>Facial A-Gt.</i>						
<i>Refraction</i> <i>Clot</i> } - accepted.						

### Systems Review/Examinations

Cardiac problems:	<i>DDDM</i> <i>Controlled HT. Old MF Syst</i>	Medication
Respiratory problems:		<i>DDDM = 30iu abt</i>
Exercise tolerance:		<i>32iu pm</i>
Dental state:		<i>Ramipril</i>
Potential airway problems:		<i>Amlodipine</i>
Cigarettes:	<i>140</i>	<i>90</i>
	<i>on (if) cap.</i>	
	<i>on</i>	
	<i>10/day 20iu/wk</i>	

### Investigations

ECG	<i>on</i>	FBC	<i>46 13-1</i>
CXR	<i>on</i>	U&E	<i>Ur/Kr 10.1/170</i>
Blood	<b>G&amp;S</b> X-matched	Clotting	
	units	Signed	<i>EMUF</i>

### Anaesthetist's Handover and Post-operative Instructions

Oxygen:	Litres	Hours
Further IV:	<i>Positive E spinal.</i>	
Analgesia:		
Observations:		
Signed		<i>EMUF</i>

### Patient Details

Operation performed:	TURP	Date:	5/10/09	
		Theatre:	4	
Patient position:	Lithotomy	Time start:	1100	
		Anaesthetist (1)	EMMF	
Eye care/padding:	Awake	Anaesthetist (2)		
Patient warming device	on table/blower	Surgeon (1)	PANTALONE	
Venous access site (1)	16G DLT	Surgeon (2)		
(2)		Anaesthetic Assistant:	ADDE	

### General Anaesthetic Technique

Pre Oxygenation:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	HME	<input type="checkbox"/> Y	<input type="checkbox"/> N
Cricoid Pressure:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Throat Pack	<input type="checkbox"/> In	<input type="checkbox"/> Out
Grade at Laryngoscopy:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	Bougie
Airway Type/Tube:	Awake		Size:		
Ventilation:	SV/Vent				
Circuit:	circle/T piece/other				

### Monitoring

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

### Local/Regional Anaesthetic Technique

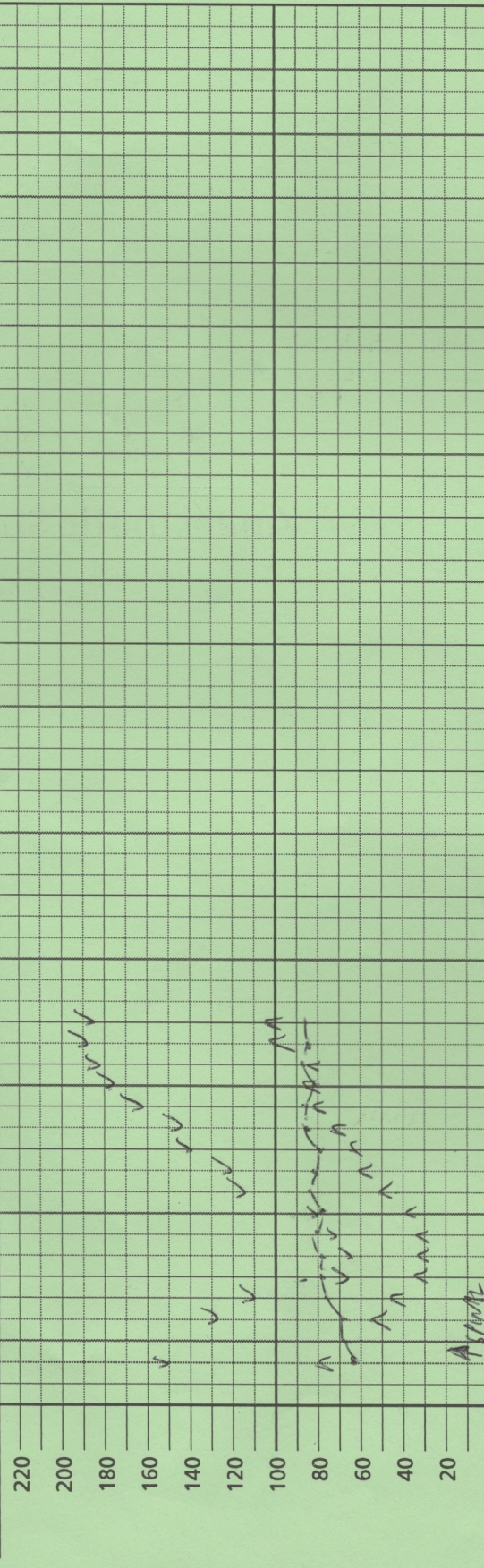
Epidural	<input checked="" type="checkbox"/> Spinal	Nerve Block	Infiltration	Name of operator	EMMF
Conscious State:	<input checked="" type="checkbox"/> Awake	Asleep	Sedation	Name of supervisor	
Technique					
<p>SITTING                      Full Preps - GOWN, GLOVES, DRAPES, CAPS, MASK, HAT, MASK                      L3/4.                      4 wks 1% to skin. (25G PENICIL POINT)                      clear CSF                      3 wks 0.5% heavy maccaine instilled.                      Adequate block to T4. (ethyl chloride)</p>					
LA Type:	0.5%	0.25%	Volume	mls	

Signed

*EMMF*

Time 1100 1130 1160

MORPHINE mg	2
PROPACETAMOL g	1
CONTRAST MEDIUM mg	320 mg
METFORMIN mg	2500
ET	
FiO <sub>2</sub>	Fi 100%
O <sub>2</sub> Sat	
ETCO <sub>2</sub>	



Crystalloid	1L
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 type="checkbox"/>	Serial No. .... Local Infiltration <input type="checkbox"/>	Pre operative .....ml Post operative .....ml	
			Venflon Sited <u>Dorsum right hand</u> Date: <u>5-10-09</u> Time: <u>10:30</u>	
Spinal <input checked="" type="checkbox"/> Epidural <input type="checkbox"/>	Sedation <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Chlorosept Used Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

#### POSITIONING

Supine <input type="checkbox"/>	Lithotomy <input type="checkbox"/>	Neck Extended <input type="checkbox"/>	Knee Chest <input type="checkbox"/>
Prone <input type="checkbox"/>	Lloyd Davies <input checked="" type="checkbox"/>	Fracture/Traction Table <input type="checkbox"/>	Trendelburg <input type="checkbox"/>
Arm Board/Table { Right <input checked="" type="checkbox"/> Left <input type="checkbox"/>		Lateral <input type="checkbox"/> { Right <input type="checkbox"/> Left <input type="checkbox"/>	
		Angle of Arm { Right <u>90</u> Left <u>0</u>	
Shoulder table <input type="checkbox"/> (Other.....)			

#### PRESSURE RELIEVING DEVICES & ACCESSORIES

Jelly/Pegasus Mattress <input type="checkbox"/>	Jelly Heel Rests <input 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 thigh</u>		Type of plate { Single <input checked="" type="checkbox"/> Double <input type="checkbox"/>	Facial Nerve Monitor <input type="checkbox"/>	
Signature of person applying plate <u>R. Smith</u>		Print Name <u>R. Smith</u>		

#### NORMOTHERMIA MANAGEMENT

Patient Warmer <input checked="" type="checkbox"/>	Type <u>Forced air upper body</u>
Temperature Probe <input type="checkbox"/>	Site _____
Fluid Warmer <input type="checkbox"/>	Other _____

#### ANTI-EMBOLIC DEVICES

Anti-embolic stockings	Thigh <input checked="" type="checkbox"/> <u>Knee</u>	Left <input checked="" type="checkbox"/>	Right <input checked="" 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 type="checkbox"/>	Savlon <input checked="" 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 type="checkbox"/>
Other _____	



**DRESSING**

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

**SPECIMEN** (Y/N)

Microbiology  Cytology   
Histology  Frozen Section   
Other p  
Name of Specimen prostate chippings  
Surgeon aware of number of specimen

**DRAIN** N/A

Type \_\_\_\_\_  
Site \_\_\_\_\_  
Sutured  With \_\_\_\_\_

**CATHETER**

Type 22 Foley 3-way  
Balloon Size 30mls

**OPERATION DETAILS**

Actual Operation T.U.R.P  
Throat pack removed by \_\_\_\_\_  N/A  
Diathermy site clear  Pad removed by (Print Name) R. SMITH  
Initial swab, instrument checked and performed by R. SMITH  
Swabs, instruments, needles, correct: YES  NO  Action Taken \_\_\_\_\_  
Scrub Personnel Signature [Signature] Print Name J. WHITING  
Circulating Personnel Signature [Signature] Print Name R. SMITH  
2nd Scrub nurse \_\_\_\_\_ Print Name \_\_\_\_\_  
Circulating Nurse \_\_\_\_\_ Print Name \_\_\_\_\_  
Anaesthetic Assistant Signature [Signature] Print Name ADOLE NICHOLSON  
Patient transferred on to Bed  Trolley  Charnley Wedge In situ

**INTRAOPERATIVE INCIDENTS & COMMENTS**

[Empty box for intraoperative incidents and comments]

Patient cleaned post-operatively as per standard   
Scrub Nurse handover to Recovery Nurse [Signature] Print Name J. WHITING  
Property handed to recovery nurse

### RECOVERY CARE PLAN

Time into recovery: 13:30 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: \_\_\_\_\_ Hrs

Removed by: \_\_\_\_\_

Oxygen given post extubation: \_\_\_\_\_ l/min

### COMMENTS

13:10 Admitted into recovery 4 l/min O<sub>2</sub> via Hudson mask breathing <sup>Spont</sup>  
 Spinal Anaesthetic + Diamorph - Routine obs commenced  
 14:15 Hypotensive + tachycardic % feeling nauseated % tightness in chest  
 14:20 DR Euseb to RLV pt  
 16:25 BPT HPT IVI fluids stopped by DR Euseb

	BLADDER IRRIGATION	IN	OUT
Theatre			
Recovery	See fluid balance chart		

### DRUGS GIVEN IN RECOVERY

Drug	Dose	Route	Time	Signature
Morphine	10mg	IV	14:20	AW
GTN	400mcg	Sublingual	14:25	AW

### RECORDS

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

Recovery Nurse Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date	Time	14/11 15 20 25 14:30 35 40 050							
Temperature °C		40							40
		39							39
		38							38
		37							37
		36							36
		35							35
Rhythm									
CVP									
MAP									
Blood Pressure	Heart Rate	210							210
		200							200
		190							190
		180							180
		170							170
		160							160
		150							150
		140							140
		130							130
		120							120
		110							110
		100							100
		90							90
		80							80
		70							70
		60							60
		50							50
		40							40
		30							30
Respiratory Rate		44							44
		40							40
		36							36
		32							32
		28							28
		24							24
		20							20
		16							16
		12							12
		8							8
		4							4
SPO2		96 94 96 92 94 96 94 96 95							
O2 %	L/min	2 2 4 4 4 4 4 4 4							
Pain Score		3							
		2							
		1							
		0	0	0	0	0	0	0	0
Analgesia	Y/N								
Nausea	Vomiting								
	Nausea	1	1						
	Neither		0	0	0	0	0	0	0
Conscious level	New confusion								
	Alert	A	A	V	V	V	A	A	A
	Voice								
	Pain								
	Unconscious								
Blood Glucose									
Early Warning Scores*	Temp	0	0	0	0	0	0	0	0
	BP	0	0	1	1	0	0	0	0
	HR	1	2	2	2	0	0	0	0
	RR	0	1	2	2	1	0	0	0
	CL	0	1	1	1	0	0	0	0
	UO								
	Total	2	4	6	6	2	1	1	1
	Actioned								
Initial									

**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

22  
14  
08  
15:50

**RECOVERY NURSE TO WARD NURSE HANDOVER**

	INSTRUCTIONS / COMMENTS
OXYGEN	4L/min Hudson Mask
IV THERAPY	VIP Score = 1      I/V via IVACW monitor fluid balance      prescribed
CATHETER / URINE OUTPUT	See fluid balance chart
VITAL SIGNS RECORDED	obs every 20 mins until < EWS
PAIN SCORE ON DISCHARGE FROM RECOVERY	0
SEDATION SCORE ON DISCHARGE FROM RECOVERY	A
WOUND DRESSINGS CHECKED	-
DRAINS CHECKED	-
IRRIGATION	free flowing
COLOUR, SENSATION & MOVEMENT CHECKED: POP <input type="checkbox"/> WEDGE <input type="checkbox"/> SPLINT <input type="checkbox"/>	
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	

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