

# Procedure Note

Patient information	
Full name:	
Date of birth:	Hospital number:
Allergies:	
Other relevant medical information (if needed):	
Patient consent:	
Pre-procedure	
Blood pressure:	Heart rate:
Respiratory rate:	Temperature:
INR:	Platelets:
Hemoglobin:	
Other:	
Procedure details	
Date of procedure:	Time of procedure:
Location of procedure:	
Elective or emergency procedure:	
Type of procedure:	
Indications for the procedure:	
Procedure name:	

Procedure prep:

Anesthesia (type and dosage):

Equipment used:

Procedure technique:

Step-by-step procedure:

Was the sterile field maintained:

Yes      No

Operative findings:

Encountered complications:

Operating surgeon(s):

Assistant(s):

Anesthetist and anesthesia assistant(s):

**Post-procedure vitals and condition**

Blood pressure:

Heart rate:

Respiratory rate:

Temperature:

Patient disposition:

**Post-procedure care instructions**

Immediate recovery plan:

Needed tests/further investigation instructions:

Discharge plan:

Follow-up plan:

Red flag advice to patient:

Other:

**Additional notes****Documentation completed by**

Name:

Position:

Date:

Time:

Signature: