**Preoperative Checklist**

Operation: ________________________________

To be completed by:

1. Midwife / nurse preparing woman immediately before giving pre-medication and
2. Checked again by theatre midwife / nurse

Please complete as appropriate

<table>
<thead>
<tr>
<th>Ward</th>
<th>Theatre</th>
</tr>
</thead>
</table>

1. Is this the correct patient / service user and is the identity bracelet in position and correct?

2. Any allergies to drugs, plasters, latex, metals etc.?

3. Please record
   1. LMP or gestation
   2. Blood pressure
   3. Temperature
   4. Pulse

4. What is the fetal heart rate prior to transfer to theatre?

5. Ensure the following is in the chart
   1. Blood group & latest Hb
   2. Serology results

6. Are correct addressograph labels in the chart?

7. Are there any x-rays to accompany patient / service user?

8. Is operation consent form signed?

9. Has patient / service user been seen by anaesthetist?

10. Is pre-medication prescribed?

11. Has pre-medication been given?

12. Are dentures removed and is there a record of dental bridge or crown?

13. Are hair clips and all make-up (including nail varnish) removed?

14. Is all jewellery removed (including all piercings) and wedding ring taped?

15. Any artificial eyes, contact lenses, prostheses or hearing aids?

16. Does the patient / service user have a pacemaker, implants or pins & plates?

17. Has operation site been prepared? (to be checked by theatre midwife / nurse)

18. Please record the time and date of
   1. last meal Time: ______________________
   2. last drink Time: ____________________

19. Has blood been sent for
   1. Group & screen □
   2. X-match □

**Escorting Midwife / Nurse**

Signature: __________________________ PRINTED NAME: __________________________
Job Title / Bleep / Identification No.: __________________________ Date: __________ Time (24 hour): __________

**Theatre Midwife / Nurse**

Signature: __________________________ PRINTED NAME: __________________________
Job Title / Bleep / Identification No.: __________________________ Date: __________ Time (24 hour): __________
ANAESTHETIC PREOPERATIVE ASSESSMENT

<table>
<thead>
<tr>
<th>Age: ____________</th>
<th>Weight: ____________</th>
<th>ASA grade: 1 2 3 4 5 E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse: ___________</td>
<td>Height: ____________</td>
<td>Procedure: ____________</td>
</tr>
<tr>
<td>BP: _____________</td>
<td>BMI: _____________</td>
<td>Category (caesarean section): 1 2 3 4</td>
</tr>
<tr>
<td>Temperature: ____________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**History**

**Cardiovascular system (Please circle)**
- IHD
- Chest pain
- CCF
- Arrhythmias
- Paroxysmal nocturnal dyspnoea
- BP
- Palpitations
- Dyspnoea
- Orthopnoea
- GORD

**Respiratory system (Please circle)**
- Asthma
- COPD
- Cough
- Wheeze
- Dyspnoea

**Co-existing diseases (Please tick if applicable)**
- Diabetes
- Bleeding diathesis
- History of jaundice
- Epilepsy
- Renal disease
- GORD

**Past anaesthetic history:**
- Previous anaesthesia: general / regional
- Complications:
  - History of PON&V (post operative nausea & vomiting): ____________
  - Family history of anaesthesia problems: ____________

**Airway Examination**
- Crowns
- Veneers
- Caps
- Loose Teeth
- Dentures
- Bridge

**Medication History**

**Allergies**
- Details: ____________
- ____________

**Preoperative Plan**
- General anaesthesia
- Regional
- Postoperative analgesia: ____________
- Note of questions discussed with patient: ____________

**Preoperative Investigations Requested**
- FBC
- Liver profile
- CXR
- ECG
- Coag screen
- Renal profile
- PFT's
- ECHO
- Group & screen
- Other(s)

**Is premedication required?**
- Prescribed

**Signature**

**PRINTED NAME**

**Job Title / Bleep / Identification No.**

**Date**

**Time (24 hour)**
**ANAESTHETIC RECORD**

**Date:**

**Drugs:**

<table>
<thead>
<tr>
<th>Time (24 hour):</th>
<th>180</th>
<th>160</th>
<th>140</th>
<th>120</th>
<th>100</th>
<th>80</th>
<th>60</th>
<th>40</th>
</tr>
</thead>
</table>

**O₂ LMins:**

**N₂O / Air LMins:**

**End-tidal CO₂**

**End-tidal agent:**

**Sa O₂**

**ECG**

**Fluids**

---

**ANAESTHETIC TECHNIQUE**

**Regional**

**Intravenous access:**

- In situ
- Inserted ______ gauge Site ____________

**Airway:**

- Mask
- LMA
- Size _____ ET tube
- Size _____
- Laryngoscopy grade 1 2 3 4
- Comments ___________________________

**Ventilation:**

- Spontaneous
- Volume control ventilation
- Pressure control ventilation
- SIMV
- other
- TV ________________
- RR ________________
- PIP ________________

**Patient position:**

- Supine
- Lithotomy
- Trendelenberg
- Uterine displacement

**Patient protection:**

- Eyes
- Pressure points

---

**REGIONAL TECHNIQUE**

1. Spinal
2. Epidural
3. CSE

(Please complete corresponding section below)

1. **Spinal:**

   **Patient position**
   
   **Needle**
   
   **CSF:** Clear
   Blood
   Paraesthesia

2. **Epidural:**

   **Patient position**
   
   **Needle**
   
   **LOR air**
   Saline
   LOR @ ______ cm
   Catheter threaded to ______ cm
   Test dose

3. **Other:**

4. **Block height:**

   - Left side
   - Right side
   - Modality used:

---

**POSTOPERATIVE INSTRUCTIONS:**

**Consultant Anaesthetist:** ______________________

**Anaesthesia NCHD:** ______________________

**Intra-operative comments / events:** ______________________

---

Please affix woman's ID label here

Labels should contain the following information:

- Name
- Address
- Date of Birth
- Healthcare Record Number

NMC 8 Anaes Rec v.1
**PERIOPERATIVE NURSING CARE RECORD**

**Rationale for perioperative care:** To maintain a safe supportive environment for the patient / service user throughout the perioperative period. To provide continuity of nursing care within the multidisciplinary team.

<table>
<thead>
<tr>
<th>Time in (24 hour clock):</th>
<th>Time out (24 hour clock):</th>
</tr>
</thead>
</table>

**Operation:**

<table>
<thead>
<tr>
<th>Anaesthesia:</th>
<th>LA / GA / Spinal / Epidural / Sedation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon:</td>
<td>Instrument / Scrub nurse:</td>
</tr>
<tr>
<td>Surgeon’s assistant:</td>
<td>Midwife present (CS cases):</td>
</tr>
<tr>
<td>Anaesthetist:</td>
<td>Circulating nurse:</td>
</tr>
<tr>
<td>Anaesthetist:</td>
<td>Circulating nurse:</td>
</tr>
<tr>
<td>Anaesthetic nurse:</td>
<td>Relief nurse:</td>
</tr>
</tbody>
</table>

**Anaesthesia Monitoring:**

- Monitoring employed: ECG ☐, NIBP ☐, Oximetry ☐, End tidal CO₂ ☐
- Additional monitoring: __________
- IV lines: Peripheral line(s): Number __________, Other lines, specify: __________

**Positioning / Preparation of Patient:**

- Position of arms: At side ☐, Anaesthetic screen used ☐, Patient catheterised in theatre ☐
- On arm board ☐, Eyes protected ☐, Operation site clipped / shaved in theatre ☐
- Shoulder support ☐, Pressure area risk assessment completed ☐
- Arm retainers used ☐, Safety straps ☐, Heel pads ☐

Interventions required: __________

- Supine ☐, Positioning wedges: Yes ☐, No ☐, (Specify): Obstetric ☐, Leg ☐
- Lithotomy ☐, Welch Allen stirrups ☐, Pole stirrups ☐

Other / Comments:

- Electrocautery utilised ☐, Monopolar ☐, Bipolar ☐
- Return electrode plate site(s) __________
- Skin preparation used: Povidone Iodine ☐, Chlorohexidine in alcohol ☐
- Medications / solutions / irrigation / dyes used __________

**Checks Prior to Surgery**

**Circulating Nurse’s Signature**

<table>
<thead>
<tr>
<th>Signature</th>
<th>PRINTED NAME</th>
<th>Job Title / Bleep / Identification No.</th>
<th>Date</th>
<th>Time (24 hour)</th>
</tr>
</thead>
</table>

**Anaesthetic Nurse’s Signature**

<table>
<thead>
<tr>
<th>Signature</th>
<th>PRINTED NAME</th>
<th>Job Title / Bleep / Identification No.</th>
<th>Date</th>
<th>Time (24 hour)</th>
</tr>
</thead>
</table>

**Further Nursing Interventions / Comments**

________________________________________________________________________
________________________________________________________________________
## Perioperative Count Sheet

**Date:**

<table>
<thead>
<tr>
<th>45cm x 45cm</th>
<th>Instrument list checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>30cm x 30cm</td>
<td>Sterility of set verified</td>
</tr>
<tr>
<td>10cm x 10cm</td>
<td></td>
</tr>
<tr>
<td>5cm x 5cm</td>
<td></td>
</tr>
<tr>
<td>Verres needle</td>
<td></td>
</tr>
<tr>
<td>Retractor gauze</td>
<td></td>
</tr>
<tr>
<td>Hypodermic needles</td>
<td></td>
</tr>
<tr>
<td>Suture needles</td>
<td></td>
</tr>
<tr>
<td>Mayo needles</td>
<td></td>
</tr>
<tr>
<td>Blades</td>
<td></td>
</tr>
<tr>
<td>Syringes</td>
<td></td>
</tr>
<tr>
<td>Diathermy and tip</td>
<td>D &amp; C set</td>
</tr>
<tr>
<td>Light handles</td>
<td>Minor set</td>
</tr>
</tbody>
</table>

### Prep sponges

<table>
<thead>
<tr>
<th>Diathermy site:</th>
<th>Buttocks</th>
<th>Thigh</th>
<th>Right</th>
<th>Left</th>
<th>Other: (Specify)</th>
</tr>
</thead>
</table>

### Counts

<table>
<thead>
<tr>
<th>Counts</th>
<th>Signature Instrument / Scrub Nurse</th>
<th>Signature Circulating Nurse</th>
<th>Time (24 hour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swab &amp; Instrument pre-op</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-op count</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First count</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final count</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swab &amp; Instrument post-op</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Count correct**
- **Count incorrect**
- **Surgeon notified of count**

Policy for incorrect count followed as appropriate:  
Action:  

**Wound closure:**

- Clips
- Absorbable suture
- Non-absorbable suture

**Dressing:** (Specify)  
**Drain(s):** Pack(s):  
**Urinary catheter:**  
**Blood loss (mL):**  
- Measured: [ ]  
- Estimated: [ ]  
- Total: [ ]  

**Specimens taken & sent:** (Specify)  
**Diathermy site satisfactory:**  
**Patient gowned:**  
**Pressure area assessment complete:**  
- Yes [ ]  
- No [ ]  
- Satisfactory:  
- Yes [ ]  
- No [ ]  

**Instrument Sterility Record:** (Place sterility indicator stickers below or use separate page if required)  
Instrument sterility indicator checked and confirmed:  

Please include set name & set number below

---

NMC 8 Periop Count v.1

---

Please affix woman's ID label here

Labels should contain the following information: 
- Name
- Address
- Date of Birth
- Healthcare Record Number
# CAESAREAN SECTION OPERATION FORM

**Date:**

<table>
<thead>
<tr>
<th>Surgeon:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assistant:</strong></td>
</tr>
<tr>
<td><strong>Anaesthetist:</strong></td>
</tr>
<tr>
<td><strong>Instrument / scrub nurse / midwife:</strong></td>
</tr>
<tr>
<td><strong>Circulating nurse / midwife:</strong></td>
</tr>
<tr>
<td><strong>Anaesthetic nurse:</strong></td>
</tr>
<tr>
<td><strong>Relief nurse:</strong></td>
</tr>
</tbody>
</table>

## Findings

**Presenting part:**
- Vertex [ ]
- Breech [ ]
- Other [ ]

**Position of presenting part:**
- Anterior [ ]
- Posterior [ ]
- Transverse [ ]

**Station:**
- Engaged [ ]
- Not engaged [ ]

**Caput:**
- Nil/Minimal [ ]
- Moderate [ ]
- Severe [ ]

**Moulding:**
- Nil/Minimal [ ]
- Moderate [ ]
- Severe [ ]

**Liquor:**
- Clear [ ]
- Meconium [ ]

**Placenta:**
- Fundal [ ]
- Lateral [ ]
- Praevia [ ]

**If Praevia, grade:**
- Anterior [ ]
- Posterior [ ]

**Appearance of Placenta:**
- Normal [ ]
- Abnormal [ ]

**Uterine cavity:**
- Normal [ ]
- Abnormal [ ]

**Lower segment:**
- Thin [ ]
- Thick [ ]

**Uterine shape:**
- Regular [ ]
- Irregular [ ]

**Bladder:**
- Normal [ ]
- Elevated [ ]

**Fallopian tubes:**
- Regular [ ]
- Abnormal [ ]

**Ovaries:**
- Regular [ ]
- Abnormal [ ]

**Free perineal fluid:**
- Absent [ ]
- Present [ ]

**Other pelvic pathology:**
- Yes [ ]
- No [ ]

- If yes, describe: ____________________________

---

**Indication:**

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
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</tbody>
</table>

**Decision time:**
- Time to theatre: ____________________________

**Time knife to skin:**

**Time of delivery:**

**Decision to delivery interval:**

**Time out of theatre to recovery:**

## Technique

**Abdominal incision:**
- Pfannenstiel [ ]
- Paramedian [ ]

**Uterine incision:**
- Transverse [ ]
- Extended [ ]
- Classical [ ]
- Other [ ]

**Operative difficulties:**
- Head wedged in pelvis [ ]
- Very vascular lower uterine segment [ ]
- Tight abdominal muscles [ ]
- Obesity [ ]
- Other [ ]

**Tubal ligation:**
- Yes [ ]
- No [ ]

**Uterine closure:**
- Routine [ ]
- Other (specify) ____________________________

**Abdominal closure:**
- Routine [ ]
- Other (specify) ____________________________

**Wound drain:**
- Yes [ ]
- No [ ]

**Indwelling catheter:**
- Yes [ ]
- No [ ]

**Blood loss (mL):**
- Measured: ____________________________
- Estimated: ____________________________
- Total: ____________________________

**Cord gases:**
- Arterial: ____________________________
- Venous: ____________________________

- pH: ____________________________
- Base excess: ____________________________

Please record other findings in relation to labour in Summary of Labour / Delivery and baby in Birth Summary.

Additional operation notes may be recorded overleaf.
# ADDITIONAL OPERATION NOTES

<table>
<thead>
<tr>
<th>Date &amp; Time (24 hour clock)</th>
<th>All entries to notes must be signed with a clear signature, PRINTED NAME job title and bleep / identification number (e.g. IMC No.) where relevant</th>
</tr>
</thead>
<tbody>
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</table>

**Postoperative instructions (also see Prescribed Medicines Section)**

- O₂ therapy
- Analgesia
- Urinary catheter
- Tampon
- Balloon
- Thrombophylaxis
- Physiotherapy

Special instructions

- Signature
- PRINTED NAME
- Job Title / Bleep / Identification No.
- Date
- Time (24 hour)

Please affix woman's ID label here

Labels should contain the following information:
- Name
- Address
- Date of Birth
- Healthcare Record Number
# Operation Notes

**Date:** ________________

<table>
<thead>
<tr>
<th>Time commenced (24 hour)</th>
<th>Time knife to skin (24 hour)</th>
<th>Time finished (24 hour)</th>
</tr>
</thead>
</table>

**Operation:**

**Surgeon:**

**Anaesthetist:**

**Assistant:**

**Anaesthetic Nurse:**

**Circulating Nurse:**

**Relief Nurse:**

**Date & Time (24 hour clock)**

**All entries to notes must be signed with a clear signature, PRINTED NAME job title and bleep / identification number (e.g. IMC No.) where relevant**

---

**Please affix woman’s ID label here**

Labels should contain the following information:
- Name
- Address
- Date of Birth
- Healthcare Record Number
** OPERATION NOTES (Continued)**

<table>
<thead>
<tr>
<th>Date &amp; Time (24 hour clock)</th>
<th>All entries to notes must be signed with a clear signature, PRINTED NAME job title and bleep / identification number (e.g. IMC No.) where relevant</th>
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</table>

**Postoperative instructions (also see Prescribed Medicines Section)**

- O₂ therapy
- Analgesia
- Urinary catheter
- Tampon
- Balloon
- Thrombophylaxis
- Physiotherapy

<table>
<thead>
<tr>
<th>Special instructions</th>
<th>O₂ therapy</th>
<th>IV fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Analgesia</td>
<td>Antibiotics</td>
</tr>
<tr>
<td></td>
<td>Urinary catheter</td>
<td>Drain</td>
</tr>
<tr>
<td></td>
<td>Tampon</td>
<td>Vaginal pack</td>
</tr>
<tr>
<td></td>
<td>Balloon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thrombophylaxis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physiotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Special instructions</td>
<td></td>
</tr>
</tbody>
</table>

**Signature**

**PRINTED NAME**

**Job Title / Bleep / Identification No.**

**Date**

**Time (24 hour)**
**RECOVERY ROOM CARE PLAN**

**Date:**

**Rationale of immediate postoperative care:** To maintain airway until the patient / service user is able to breathe unassisted. To maintain haemostasis. To ensure a safe physical environment for the patient / service user. To relieve pain, promote comfort and maintain psychological well-being. To maintain a safe environment during the transfer from the recovery room to the ward, with adequate exchange of information to enable continuity of nursing care.

**Surgery performed:**

**Time of admission to recovery room (24 hour clock):**

**Signature of admitting midwife / nurse:**

**PRINTED NAME:**

**Breathing:**

- Spontaneous
- Assisted

**Patient position:**

- Lateral
- Supine
- Semi-Fowlers

**Anaesthesia:**

- LA
- GA
- Spinal
- Epidural
- Sedation

**Airway devices:**

- Face mask
- Oral airway
- Laryngeal mask
- ET tube

**Pain score:**

- 0
- 5
- 10

**Postoperative nausea and vomiting (PON&V) Grade:**

- None(n)
- Moderate(m)
- Severe(s)
- Vomiting(v)

**Level of Consciousness:**

- Alert(a)
- Responding(r)
- Unresponsive(u)

**Observations**

**Date:**

**Time:**

- Temperature
- Respiratory rate
- SaO₂
- Pulse
- NIBP
- Arterial BP
- Level of consciousness
- Pain score
- PON&V grade
- Wound
- Uterus well contracted
- PV loss
- Drains
- Urine output

**Signature / Initials**

**Details of the patient’s perioperative intake and output to be recorded on Daily Fluid Chart**

<table>
<thead>
<tr>
<th>IV &amp; Arterial Lines Position</th>
<th>Solution Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arterial line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central venous catheter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**RECOVERY ROOM CARE PLAN (Continued)**

**Observations**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td></td>
</tr>
<tr>
<td>Respiratory rate</td>
<td></td>
</tr>
<tr>
<td>SaO₂</td>
<td></td>
</tr>
<tr>
<td>Pulse</td>
<td></td>
</tr>
<tr>
<td>NIBP</td>
<td></td>
</tr>
<tr>
<td>Arterial BP</td>
<td></td>
</tr>
<tr>
<td>Level of consciousness</td>
<td></td>
</tr>
<tr>
<td>Pain score</td>
<td></td>
</tr>
<tr>
<td>PON&amp;V grade</td>
<td></td>
</tr>
<tr>
<td>Wound</td>
<td></td>
</tr>
<tr>
<td>Uterus well contracted</td>
<td></td>
</tr>
<tr>
<td>PV loss</td>
<td></td>
</tr>
<tr>
<td>Drains</td>
<td></td>
</tr>
<tr>
<td>Urine output</td>
<td></td>
</tr>
<tr>
<td>Signature / Initials</td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL INFORMATION**

---

**HANDOVER INFORMATION**

---

**Date & Time of Discharge (24 hour clock):**

**Signature**

**PRINTED NAME**

**Job Title / Bleep / Identification No.**

**Date**

**Time (24 hour)**

---

Please affix woman’s ID label here

Labels should contain the following information:

- Name
- Address
- Date of Birth
- Healthcare Record Number