						WZP 004 A 632/96 WZF
ADMISSION Date: Time: No:	NAME AND ADDRESS	NEXT OF KIN AND TELEPHONE No.	AGE RELIGION	OWN DOCTOR AND CONSULTANT	DIAGNOSIS AND TREATMENT	DISCHARO Appt.
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Date	Time	Name of Operator	Assistant	Area treated		Settings	Number of Pulses	Patient's Name and No.
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Date	Patient's Name and No.	Consultant	No. and Type of Specimen	Nurse Initials	Time and Date of Collection	Collector's Signature

OPERATION REGISTER

Operation No.	Date	Surname	First Name	Patient Number	D.O.B.	Operation Performed	Emergency "E" or "NA"	Surgeon	Surgical Assistant(s)
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No.	Date	Name and No. of Patient	DOB	Operation	Code	Surgeon	Type of		Staff Present	Time In	Time Out	Swal	Count	Specimens/Comments	
	Date	rame and record rations	D.O.D.	Operation	Couc		Anaesthetic		Starr Frescht	Time in	Time out	In	Out	e pedimens, comments	
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OPERATION

Date	Patient Information	Ward	Plann Emer	ed or gency	Procedure	Endoscopist
Bato	r duont information	VVara	Р	Е	rroodaro	Endodopiot

REGISTER

Assistants	Consumable Labels	Specimens/Therapy	Clo Test Result

APPOINTMENT DIARY

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A/L			
Time	Assessments		Results
8.40	Localisation		
8.50	Calc only		
9.00	Localisation		
9.10			
9.20			
9.30	Localisation		
9.40			
9.50			
10.00		10.00	
10.10			
10.20		10.20	
10.30	Calc only		
10.40		10.40	
10.50			
		11.00	? repeat cbx
12.30	Private Patient Only		

APPOINTMENT DIARY

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Time	Assessments		Results
13.30	Calc only		
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14.00		14.00	? repeat cbx
14.20		14.20	
		14.40	

OPERATION NUMBER	DATE	TIME IN	TIME OUT	MEDICAL RECORD NUMBER	NAME OF PATIENT (Surname First)	D.O.B	OPERATION PERFORMED	NAME OF SURGEON & FIRST ASSISTANT	ANAESTHETIST	ANAESTHETIC LA/GA	IMPLANTS SERIAL NUMBER EXPIRY DATE	IMPLANTS SERIAL NUMBER EXPIRY DATE	IMPLANTS SERIAL NUMBER EXPIRY DATE	SCRUB PERSON NAME	CIRCULATING PERSON NAME	FINAL SWAB COUNT CORRECT YES/NO

Date	Name	Age	Address	Physician or Surgeon	Disease or Operation	Date of Date of Operation Discharge	Remarks
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Operation	Nan	ne in Full	Registered Number	Age Consultant & Ward in charge Sex of case	Nature of Operation, etc.	- 1	Anaesthesia		Remarks	Surgeon	Instrument Nurse	
Number Date	Surname	Christian Names	Number	Sex of case			Anaesthetic	Anaesthetist			Nurse	
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OPERATION REGISTER

Operation No.	Date	Surname	First Name	Patient Number	D.O.B.	Ward	Operation Performed	Emergency "E" or "NA"	Consultant	Surgeon	Surgical Assistant	:(s)	Anaesthetist(s)	Anaesthetic Details, eg GA/LA/Spinal	Beginning of Induction 24 hour clock	On Table Off Table Time Time 24 hour clock 24 hour clock	Specimens ck	Remarks	Anaesthetic Person (Name and Signature)	Scrub Person (Name and Signature)	Circulating Person (Name and Signature)S
																			Signature	Signature	Signature
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Number			Name in Ful	11	***	Case	Ι	Diagnosis and Nat perform	ture of Operation aed as:-		Duration		0		le adiad	Nature	Time of	Oth during	er Injections the Operation	D and a silve
of Operation	Date	Surname		Christian Name/s	ge Ward	Paper Number	Routine Op Sessio	peration on	Emergency	у	of Operation	п	Operator	Anaestl	hetist	of Anaesthetic/s	commencement of Induction	Туре	Administered by	Remarks
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JMBER OF PERATION	DATE	N	AME IN FULL	CASE PAPER -	DIAGNOSIS AND NATURE OF OPERATION PERFORMED AS	TIME IN ANAES-		OP RECO- FIN- VERY ISHED TIME	OPERATOR	ANAESTHETIST	NATURE OF	SCRUBBED NURSE	CIRCULATING	SPECIMENS	INSERTS
PERATION	DATE	SURNAME	CHRISTIAN NAMES/S	NUMBER	ROUTINE OP. SESSION	THETIC ROOM		ISHED TIME	OFLIVATOR	ANALOTTILITOT	ANAESTHETIC	NURSE	NURSE	OI EGIMENO	INSLITIO
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Mana	in Full								
Number of Operation Date Surname	Christian Name Age Ward	Hospital No. Cons Routine	Emergency Duration of Procedure	Procedure	Scope No.	Specimens Drugs	Endoscopist	Nurse in Charge	Remarks
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Operation No.	Date	PAT	TENT	Age	Referrer	Diagnosis and Operation	R/E	Duration of	Surgaan	Anaesthetist	Anaesthetic/Comments	Time of	Code
operation 140.	Date	Surname	First Name	Tige	Keleifer	Diagnosis and Operation	IV.E	Operation	Surgeon	Andesmensi	Anaestheuc/Comments	start of Induction	Code
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SESSION TYPE	TYPE OF PATIENT	OPERATION	SURGEON, NAME and SCRUB NURSE, NAME and SIGNATURE	SWABS, INSTRUMENTS and	ANAESTHETIST	TYPE OF ANAESTHETIC	REMARKS, e.g.	TIME START -	FINISH ,,	REASON FOR DELAY REASON FOR CANCELLATION
No. DATE ADDRESSOGRAPH	GENCY WED VULTANT	To be filled in by surgeon	ASSISTANT, NAME and CIRCULATION NURSES.	NEEDLES CHECKED CORRECTLY	ANAESTHETIST	184L 11/8/200	SPECIMENS SPECIMENS DIAM SETS, CORD pH, etc.	NTH. START BLE	WISH OUT OF	
	WA Y O O W A W A W A W A W A W A W A W A W A	RD DIAGNOSIS	SIGNATURE NAMES and SIGNATURES		ODP/ANAES NURSE	SPIN, SPIN, SSPIN, SSPI	CORD pH, etc.	TO AN MOOM NATHE OP. ST	BIRTH INME	OTHER OTHER
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		DIAGNOSIS	Scr. Ci	rub 3rd Count						
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		DIAGNOSIS	Sci Ci	rub 3rd Count						
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			Sci Ci	rub 2nd Count						
		DIAGNOSIS	Sci Ci	3rd Count						

Number Year Month	Name and Address	Booked Unit N	o. Gestation ED	D Age Parity	Method of Delivery	Delivered By	Date of Birth Time	Apgar Birthweight Sex	Midwife Responsible for Birth Notification	Compute Printout	r To Ward	Remarks
										Yes / No		

ADMISSION

BOOK

SURNAME	FORENAME	AGE	TIME IN	BREACH	DECISION	TIME LEFT		A+E MOOO No.	WARD	BLUE CALL/ RESUS	DIAGNOSIS	CONSULTANT	REASON FOR BREACH	TRIAGE
00,	T OTTERWINE	7102	THIVIC IIV	TIME	TIME		-1	MOOO No.	***	RESUS	21, (31, (30, (30, (30, (30, (30, (30, (30, (30	3311332171111	THE RESIDENCE TO THE PROPERTY OF THE PROPERTY	11111101
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DATE	NAME IN FULL SURNAME CHRISTIAN NAME/S	- HOSPITAL NO. SPECIMEN	SURGEON	SCRUB NURSE	ENTRY NAME PATH. LAB. DESTINATION	PORTER	PATH. LAB. ENTRY TIME FOR SIGNATURE URGENT SPECIMENS
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Case No.	Date Date Admitted Discharged	Name	Date of Birth	Address	Tel No.	Ref.	Next of Kin		Patient's own Doctor	Physician	Diagnosis	Result Operation
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Opera- tion No.	Date	PATI Surname	ENT First Name	Age Ward Unit No.	Diagnosis and Operation	R/E	Operator	Anaesthetist	Anaesthetic	Time of Start of Induction	Other Injections Type	Scrub Nurse	Circulating Check
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Date Admitted	Time	Name	Age	Address	Occupation		Religion	Nearest Relative	Telephone No.	Private Doctor	Physician or Surgeon	Diagnosis	Date Discharged	Remarks
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