**OR PERSONNEL**

 **Thoracic and Complex EVAR (04.09.2015)**

Patient Name/MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgeon and Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Height:** \_\_\_\_\_\_\_\_inches Procedure Start: \_\_\_\_\_\_\_\_ Procedure Finish: \_\_\_\_\_\_\_\_\_

**Weight:** \_\_\_\_\_\_\_ lbs

**Anesthesia:** □ Local □ Regional □ General

**Skin Prep:** □ Chlorhexadine alone □ Alcohol alone □ Iodine alone □ Chlor + iodine □ Chlor + alcohol □ Iodine + alcohol □ All 3 (Chlorhex + Alcohol + Iodine)

**Contrast:** \_\_\_\_\_\_\_\_ ml **Crystalloid:** \_\_\_\_\_\_\_ml **EBL:** \_\_\_\_\_\_\_\_\_ ml **PRBC (in OR):** \_\_\_\_\_\_\_\_ units

**Fluoro time:** \_\_\_\_\_\_\_\_\_\_ mins **Radiation dose: \_\_\_\_\_\_\_\_\_\_\_\_mGy**

**Lowest recorded BP before induction (in emergency cases only):** \_\_\_\_\_\_\_\_ (systolic) mm/hg

**Peri-op antibiotics ordered**

**Start <1hr preop:** □ Yes □ No **1st-2nd gen cephalosporin:** □ Yes □ No

**Pre-op creatinine:** \_\_\_\_\_\_ mg/dl

**Pre-op hemoglobin:** \_\_\_\_\_\_\_\_\_ g/fl

**Device Info:** Please place all device stickers with corresponding vessels on the attached diagram (any non-corresponding devices may be placed below with location written beside them):

