

Date/Time **PHYSICIAN'S PROCEDURE NOTE**

INDICATION FOR PROCEDURE: (choose all that apply)

<input type="checkbox"/> Atelectasis / Volume Loss	<input type="checkbox"/> Coma	<input type="checkbox"/> Dysphagia / Inability to Swallow
<input type="checkbox"/> Hemorrhagic Shock	<input type="checkbox"/> Hemothorax	<input type="checkbox"/> Hypotension
<input type="checkbox"/> Hypoxia	<input type="checkbox"/> Laceration / Stab Wound	<input type="checkbox"/> Pleural Effusion
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Pneumothorax	<input type="checkbox"/> Respiratory Failure/ Distress
<input type="checkbox"/> Septic Shock	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Other:

PROCEDURES:

CRITICAL ELEMENTS:

<input type="checkbox"/> Arterial Catheter	<input type="checkbox"/> Arterial Puncture, placement of catheter
<input type="checkbox"/> Bronchoscopy <input type="checkbox"/> BAL	<input type="checkbox"/> Insertion of scope, viewing, suctioning and removal of scope
<input type="checkbox"/> Chest Tube	<input type="checkbox"/> Skin incision, pleural entry, tube placement
<input type="checkbox"/> CVC <input type="checkbox"/> Introducer	<input type="checkbox"/> Venipuncture and catheter insertion
<input type="checkbox"/> Guide wire exchange <input type="checkbox"/> single lumen <input type="checkbox"/> double lumen <input type="checkbox"/> triple lumen	<input type="checkbox"/> Replacement, catheter insertion through same venous access
Site: _____	

<input type="checkbox"/> DPL	<input type="checkbox"/> Catheter insertion, fluid instillation, retrieval and interpretation
<input type="checkbox"/> PEG	<input type="checkbox"/> Endoscopic insertion of tube, confirmation of placement
<input type="checkbox"/> Percutaneous Tracheostomy	<input type="checkbox"/> Incision, insertion dilators, insertion tracheostomy tube
<input type="checkbox"/> Pulmonary Arterial Catheter	<input type="checkbox"/> Insertion of catheter, confirmation of placement
<input type="checkbox"/> Wound Exploration Anatomic site: _____	<input type="checkbox"/> Enlarge wound, Exploration of site

<input type="checkbox"/> Laceration Repair	<input type="checkbox"/> Wound assessment, preparation and repair
<input type="checkbox"/> simple <input type="checkbox"/> intermediate <input type="checkbox"/> complex (If complex repair, need separate operative report)	
Anatomic site(s) : _____ Length in cm: _____	
Description (<i>suture type and size</i>) _____	

Anesthesia: Local _____ IV _____

Comment: _____

I was present for and directed Dr. _____ (resident/fellow) in the entire procedure.

I performed the entire procedure.

_____ Resident Signature & ID #		_____ Attending Physician's Signature	
A. DOCTOR # 1234	BK. DOCTOR # 2235	C. DOCTOR # 1044	E. DOCTOR # 53437
D. DOCTOR # 10560	F. DOCTOR # 1556	H. DOCTOR 8888	G. DOCTOR # 2323
K. DOCTOR # 8556	R. DOCTOR # 44455	W. DOCTOR # 12333	

PATIENT IDENTIFICATION

**INOVA FAIRFAX HOSPITAL
PHYSICIAN'S PROCEDURE NOTE**

