



APPLICATION NAME : Operating Theatre Management System (OTMS)

BCP FORM NAME : **CASE PROFILE**

NOTE: *Circle one only

BCP OTMS: SECTION 1 – SURGERY CASE PROFILE					
1.1	Patient MRN/ Temporary ID		1.2	NRIC/ Passport/ Police No/ Military No	
1.3	Patient Name		1.4	ED/Clinic Encounter Date	
1.5	ED/Clinic Location		1.6	Type of Surgery*	Elective Elective Day Care Day of Surgery Admissions (DSA) Emergency
1.7	Primary Discipline Surgeon in Charge (Name & MMC)				Discipline/ Subdiscipline
1.8	Surgeon in Charge (Name & MMC)				Discipline/ Subdiscipline
1.9	Surgeon in Charge (Name & MMC)				Discipline/ Subdiscipline
1.10	Pre-Op Primary Diagnosis			Surgeon-In-Charge* (1.7 / 1.8 / 1.9)	ICD-10
1.11	Pre-Op Diagnosis 2			Surgeon-In-Charge* (1.7 / 1.8 / 1.9)	ICD-10
1.12	Pre-Op Diagnosis 3			Surgeon-In-Charge* (1.7 / 1.8 / 1.9)	ICD-10
1.13	Pre-Op Primary Procedure			Surgeon-In-Charge* (1.7 / 1.8 / 1.9)	ICD-9-CM
1.14	Pre-Op Procedure 2			Surgeon-In-Charge* (1.7 / 1.8 / 1.9)	ICD-9-CM
1.15	Pre-Op Procedure 3			Surgeon-In-Charge* (1.7 / 1.8 / 1.9)	ICD-9-CM
1.16	Co-Morbid				ICD-10
1.17	Planned Surgery Date				
1.18	Operating Theatre		1.19	Operation Room	
BCP OTMS: SECTION 2 – EMERGENCY CASE <i>*Note: Fill in emergency part only if emergency case</i>					
2.1	Emergency Priority*	Acute Emergency/ Emergency/ Urgent/ Semi-Urgent	2.2	SBP / DBP	/
2.3	Ventilated	YES / NO	2.4	Inotropes	
2.5	Heart Rate	/min	2.6	GCS	
BCP OTMS: SECTION 3 – PRE-ANAESTHESIA ASSESSMENT <i>*Note: Cross or Strike that is/are not acquired</i>					
3.1	Technique		3.2	Fit Status	FIT / UNFIT
BCP OTMS: SECTION 4 – VERIFICATIONS					
Verified by (Hospital Staff): (signature / name (MMC)/ stamp)			Received by (UTMK): (signature / name/ stamp)		
Date & Time:			Date & Time:		

DISCLAIMER: This form should be kept in the patient's folder (BHT) upon completion