



APPLICATION NAME : Operating Theatre Management System (OTMS)

BCP FORM NAME : **CRITICAL CARE CHECKLIST**

<b>BCP OTMS: SECTION 1 – CHECKLIST</b>					
1.1	Patient MRN/ Temporary ID		1.2	NRIC/ Passport/ Police No/ Military No	
1.3	Patient Name		1.4	Surgery Date	
1.5	Admission	Unplanned / Planned			
<b>[ ] NON-INTUBATED</b>					
1.6	Oxygen Therapy	YES / NO	1.7	Flow Rate	L/minute
<b>[ ] INTUBATED</b>					
1.8	ETT : PVC / RAE / Armoured / Other (*specify):				
1.9	Oral / Nasal		1.10	Plain / Cuffed	
1.11	Size (ID) :	mm	1.12	Length :	cm
<b>OTHERS</b>					
1.13	Inotropes (ml/hour)		1.14	Sedation (ml/hour)	
1.15	Blood Products	YES / NO	1.16	Warmer Used	YES (Temp: °C) / NO
1.17	Central Line (Remarks)				
1.18	Arterial Line (Remarks)				
1.19	Radiovac	YES / NO	1.20	Lumbar Drain	YES / NO
1.21	Portex Drain	YES / NO	1.22	Continuous Bladder Drainage (CBD)	YES / NO
<b>BCP OTMS: SECTION 2 – VERIFICATIONS</b>					
Verified by (Hospital Staff): (signature / name (MMC)/ stamp)			Received by (UTMK): (signature / name/ stamp)		
Date and Time:			Date and Time:		

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