



APPLICATION NAME : Operating Theatre Management System (OTMS)

BCP FORM NAME : **INTRAOP NURSING NOTE**

BCP OTMS: SECTION 1 – INTRAOP NURSING NOTE

1.1	Patient MRN/ Temporary ID	1.2	NRIC/ Passport/ Police No/ Military No
1.3	Patient Name	1.4	Surgery Date & Time
1.5	OR Temperature (°C)	1.6	OR Humidity (%)
1.7	Positioning:		
1.8	Accessories Used:		Quantity:
1.9			Quantity:
1.10			Quantity:
1.11			Quantity:
1.12			Quantity:

BCP OTMS: SECTION 2 – OPERATION PROCEDURE

	Type of Procedure	Applied <small>* Circle one only</small>	Type / Site / Location	Remarks
2.1	Catheterization	Yes / No		
2.2	Dye for Demarcation	Yes / No		
2.3	Vaginal Painting	Yes / No		
2.4	Packing	Yes / No		
2.5	Drains	Yes / No		
2.6	Pacing Wire	Yes / No		
2.7	Irrigation Used	Yes / No		

BCP OTMS: SECTION 3 – VERIFICATIONS

<p>Verified by (Hospital Staff): (signature / name (MMC)/ stamp)</p>	<p>Received by (UTMK): (signature / name/ stamp)</p>
<p>Date and Time:</p>	<p>Date and Time:</p>

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