## **OPERATIVE REPORT**

PATIENT NAME:	ALLERGIES: DOSE	DA	DATE:	
PRETREATMENT MEDICATIONS		TIME	INITIALS	
				_
SURGEONS:				
SURGICAL ASSISSTANTS:				
PREP:				
☐ MARK PATIENT	□ DEC	CLINED		
☐ CHLOROHEXIDINE WASH	☐ PRE	□ PREGNANCY TEST NEGATIVE		
☐ STERILE DRAPING	□ PHC	OTOS TAKEN		
☐ PULSE OXIMETER/BP MONITOR				
AREAS TREATED:				
PRE-OPERATIVE:           TIME:	O2SAT:	TIME	H/R	02
TUMESCENT LOCAL ANESTHESIA CALCULATIONS:				
NOTE: maximum dosage of lidocaine is 35mg/kg				
PATIENT WEIGHT:LBS X 1 KG ÷ 2.2 LBS =	KG BODY WEIGH	IT		
KG X 35 MG/KG = MG MAXIMU	M LIDOCAINE DOSE			
NO X 33 MO/NO = MIO MAXIMO	WI LIDOCAINE DOOL			
MAX DOSE LIDOCAINE ÷ 1000 MG/L =	L TUMESCENT FI	LUID		
LIDOCAINE W/EPI 1:1,000,000 ADMINISTERED:				
ANESTHESIA START TIME:	ANESTHESI	A END TIME:		
PROCEDURE START TIME:	PROCEDUR	E END TIME:		
TOTAL TUMESCENT REMOVED:				
TOTAL SUPERNATANT FAT REMOVED:				
TOTAL FLUID REMOVED:				
RECOVERY VITAL SIGNS:  TIME: BP/ HR R	R			
NOTES:				
STABLE FOR DISCHARGE HOME WITH RESPONSIBLE	ADULT:			
PHYSICIAN SIGNATURE	DATE			