

Expanse TIP SHEET



OR Intraoperative Documentation-Surgical Counts & OB OR Fetal Heart Tones

Two updates will be made in the counts and checklist fields. Laps will be added to Counts. Fetal Heart Rate (FHR) will be added to Checklist for OB procedures.

Initial Count		Corr	Incor	N/A	Comment:
Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sponge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performed By _____ Comment:					
Confirmed By _____ Comment:					

Second Count		Corr	Incor	N/A	Comment:
Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sponge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performed By _____ Comment:					
Confirmed By _____ Comment:					

Third Count		Corr	Incor	N/A	Comment:
Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sponge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performed By _____ Comment:					

Current Fields

Initial Count		Corr	Incor	N/A	Comment:
Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sponge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performed By _____ Comment:					
Confirmed By _____ Comment:					

Second Count		Corr	Incor	N/A	Comment:
Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sponge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performed By _____ Comment:					
Confirmed By _____ Comment:					

Third Count		Corr	Incor	N/A	Comment:
Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sponge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performed By _____ Comment:					

Updated Fields

Surgical Counts

Laps have been added to all surgical counts in the Intraoperative Phase documentation.

Checklist	
Procedure	
Was the admit history and assessment reviewed	Yes No
Were changes to admit history and/or assessment noted	Yes No
Document noted changes to history/assessment	
H and P completed within last 30 days and available	Yes No
H and P updated, completed and available	Yes No
Allergies noted, confirmed, documented	Yes No
Consents complete, valid and available	Procedure(s) Anesthesia Blood Blood Refusal Other
Other consents complete, valid and available	
Consent comment	
LMP	
Urinary catheter present on arrival to OR	Yes No
Urine characteristics	Anuric Black Blood clots Blood streaked Blue Brown Cherry Cloudy Dark amber Green Malodorous Orange Pink Sediment White Yellow Other
Other urine characteristics	
Procedural items are available for case	Relevant Images Blood Products Implants Special Devices Special Equipment Other
Other procedural items are available for case	
FHR in OR	<input type="checkbox"/> Comment:
NPO Status	
Position and Devices	

OB Intraoperative Checklist

Fetal Heart Rate (FHR) is available in the Checklist for OB Procedures.