

USC Main OR Record

Documentation Pick List

! **OR Assessment - MOR**
 ! Case Attendance - MOR
 ! **Case Times - MOR**
OR Safe Hand-Off - MOR
 ! **Surgical Safety Checklist - MOR**
 ! **Fire Risk Assessment - MOR**
 ! **Delays - MOR**
 ! General Case Data - MOR
Pretransplant Verification - MOR
ABO Verification - MOR
Living Donor Verification - MOR
 ! Surgical Procedures - MOR
 ! **Patient Positioning - MOR**
 ! **Skin Prep - MOR**
 ✓ Initial Counts - MOR
Insufflation - MOR
 ! **Cautery - MOR**
 ! **Irigations/Medications - MOR**
 ! **Physician Orders Signature - MOR**
 Implants - MOR
 ! **Dressing/Packing - MOR**
 ! **Chartable Occurrences - MOR**
 ! **OR/Blood Management - MOR**
 ! **OR Debrief - MOR**
 ! **Closing Count - MOR**
 ! **Final Count - MOR**
 ! **Departure from OR - MOR**

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Expected Donor ID	Expected Organ Type	Expected Donor ABO	Exp Org Lateral Lung	Recipient ABO	OR R...
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Instructions: Pretransplant Verification

Complete this segment only if the patient arrives to the OR before the organ is in the OR room.:

Expected Organ Donor Details

Expected Donor ID (OPTN/UNOS ID):

Expected Organ Type:

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Expected Donor ABO:

Expected Organ Laterality (LUNG ONLY):

Recipient ABO:

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Segment Text

Pre Care Activity

Post Care Activity

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	Implants - MOR
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	! Final Count - MOR
	! Departure from OR - MOR

ABO Verification	DonorOrgan Hosp Time	Donor Organ Rm Time	Donor ID	Donor Org/TissueType	Donor ABO	Donor Organ Laterali	Recip...
☐ Check appropriate box as it is verified Instructions - ABO verification Complete ONLY when the Patient AND Organ are in the OR Room. To be completed for all recipients.:							
☐ Donor Organ Received at Hospital Time: ↑ ↓ xx / xx / xxxxxx ↑ ↓		☐ Donor Organ in Room Time: ↑ ↓ xx / xx / xxxxxx ↑ ↓					
☐ Donor Details ☐ Donor ID (OPTN/UNOS ID): 				☐ Donor Organ/Tissue Type: 			
☐ Donor ABO: 				☐ Donor Organ Laterality: 			
☐ Recipient ABO: 							
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ABO Verification	DonorOrgan Hosp Time	Donor Organ Rm Time	Donor ID	Donor Org/TissueType	Donor ABO	Donor Organ Laterali	Recip ...
< _____ > Check appropriate box as it is verified: ☐ For deceased donor organ, compared OPTN Donor ID on organ package with the OPTN Organ Verification Form ☐ For living donor organ, compared organ's OPTN Donor ID with TIEDI generated Donor ID ☐ For 3rd party vessels, I have verified the infectious disease testing results for HIV, HBV, HCV, verified they are within 14 days of recovery and are OK to use. ☐ Is the Surgeon scrubbed in at the time of verification?: Add Modify Remove Clear << Prev Next>> Comments B <i>I</i> <u>U</u> [List Icon] [Text Icon] [Image Icon] Microsoft Sans Ser 10 [Font Color Icon] [Background Color Icon] [Undo Icon] Segment Text Pre Care Activity Post Care Activity							

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ABO Verification - MOR

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Living Donor Verification - MOR

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Surgical Procedures - MOR

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Patient Positioning - MOR

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Skin Prep - MOR

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Initial Counts - MOR

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Insufflation - MOR

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Cautery - MOR

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Irrigations/Medications - MOR

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Physician Orders Signature - MOR

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OR/Blood Management - MOR

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OR Debrief - MOR

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Final Count - MOR

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Departure from OR - MOR

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ABO Verification	DonorOrgan Hosp Time	Donor Organ Rm Time	Donor ID	Donor Org/TissueType	Donor ABO	Donor Organ Laterali	Recip...
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Surgeon Scrubbed

RN Documenting Visual Verification:

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Signatures

 OR RN: By signing this, I have verified the organ/type and if applicable the laterality, OPTN Donor ID, donor blood type and if applicable subtype, recipient blood type, recipient name, DOB, MRN, and that the donor and recipient are blood type compatible (or intended incompatible). This is the intended recipient for this organ and this verification occurred with the recipient present in the OR after organ arrival:



 Attending Transplant Surgeon: By signing this, I have verified the organ/type and if applicable the laterality, OPTN Donor ID, donor blood type and if applicable subtype, recipient blood type, recipient name, DOB, MRN, and that the donor and recipient are blood type compatible (or intended incompatible). This is the intended recipient for this organ and this verification occurred with the recipient present in the OR after organ arrival:



First anastomosis:

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Comments

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Living Donor Form	Organ to	Donor ID	Donor Org/TissueType	Donor ABO	Donor Organ Laterali	Intended Recip MRN	Inten
Living Donor Form Instructions To be completed ONLY for living donors. This verification MUST be done in the OR room BEFORE anesthesia induction.:							
Organ to: ☐ Remain at Keck Hospital of USC for intended recipient ☐ Ship out to another transplant center							
Donor Details Donor ID (OPTN/UNOS ID): Donor ABO: Donor Organ/Tissue Type: Donor Organ Laterality:							
Add Modify Remove Clear << Prev Next >>							
Comments Segment Text Pre Care Activity Post Care Activity Microsoft Sans Ser 10 ABC ABC							

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OR/Blood Management - MOR

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Living Donor Form

Organ to

Donor ID

Donor Org/TissueType

Donor ABO

Donor Organ Laterali

Intended Recip MRN

Inten...

Intended Recipient Details

Intended Recipient MRN:

Intended Recipient DOB:

Intended Recipient ABO:

Signatures - LD

OR RN: By signing this, I have verified the information Blood Type and confirm that the correct donor organ was identified for the correct intended recipient. I have verified the donor and intended recipient blood types are compatible or intended incompatible.:

Attending Transplant Surgeon: By signing this, I have verified the information Blood Typeve and confirm that the correct donor organ was identified for the correct intended recipient. I have verified the donor and intended recipient blood types are compatible or intended incompatible.:

Donor Anesthesia Induction Time:

Initial Donor Incision Time:

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INTERNAL

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Delays - MOR

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General Case Data - MOR

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Pretransplant Verification - MOR

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ABO Verification - MOR

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Living Donor Verification - MOR

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Surgical Procedures - MOR

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Patient Positioning - MOR

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Skin Prep - MOR

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Initial Counts - MOR

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Insufflation - MOR

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Cautery - MOR

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Irrigations/Medications - MOR

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Physician Orders Signature - MOR

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Implants - MOR

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Living Donor Form	Organ to	Donor ID	Donor Org/TissueType	Donor ABO	Donor Organ Laterali	Intended Recip MRN	Inten...
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 Clamp Date/Time:

no past journal

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INTERNAL