



NAME	NHI
DATE OF BIRTH	
WARD/UNIT	

PATIENT LABEL

Obstetric and Gynaecology Theatre Alert Form

This form is used to alert the operating theatres to potential issues that may arise in theatres as a result of a patient's condition. Please complete the details below and **fax to the theatre charge nurse on extension 23776 or external fax number 6309993.**

Clinical Details

Date of Clinic: ___ / ___ / ___ Planned Surgery Date (if known): ___ / ___ / ___

Anaesthetist (if known): _____ Surgeon (if known): _____

Proposed Surgery: _____

Completed By (Your Name): _____ Mobile Number: _____

(Tick & Comment)

- Allergies: _____
- Body Habitus (BMI > 45): _____
- GPH: _____
- Placental Position: _____
- Placenta Percreta / Accreta: (use High Risk Planning Sheet) _____
- Multiple Pregnancy: _____
- Significant Medical Problems: _____
- Needle Phobia / Psychosocial Problems: _____
- Spinal Injury / Problems: _____
- ADAPT Patient: _____
- JW Patient: _____
- Special Equipment: _____
- Other: _____

DO NOT FILE THIS FORM IN PATIENT NOTES

Please fax to Level 9 Theatre Charge Nurse (Fax 630 9993 or Extn 23776) once form has been completed.

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