

BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Caesarean Section Operation Note

Date: _____

Patient _____

Identifier _____

Procedure and team

Procedure performed: _____

Procedure date and time: _____

Urgency: _____

Indication and preoperative diagnosis: _____

Postoperative diagnosis: _____

Surgeon and assistants: _____

Anaesthesia and anaesthetist: _____

Consent and safety checks: _____

Maternal and delivery context

Gestational age and indication detail: _____

Antibiotic / thromboprophylaxis record: _____

Abdominal and uterine incisions: _____

Operative findings / adhesions: _____

Delivery method and difficulties: _____

Birth date and time: _____

Newborn record

Newborn identifier and sex: _____

Birth weight: _____ g

Apgar at 1 minute: _____

Apgar at 5 minutes: _____

Cord gases: samples and results if obtained: _____

Resuscitation / neonatal team handover: _____

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Complete the applicable fields for the examination performed.

Operative completion

Placenta, membranes and specimens: _____

Uterine repair, tone and haemostasis: _____

Uterotonics / other intraoperative medicines: _____

Abdominal closure / drains / dressing: _____

Estimated blood loss: _____ mL

Instrument, swab and needle counts: _____

Complications / response: _____

Maternal condition, destination and postoperative plan: _____

Clinician: _____

Signature: _____