

NAME	
NHI	Date of Referral
Age	Date of Review



**Date of Operation**

**Location of Operation**

**Operation**

**Surgeon**

**1<sup>st</sup> Assistant**

**2<sup>nd</sup> Assistant**

**Anaesthetist**

**Perfusionist**

**Scrub Nurse**

**Runner**

**Incision**

**Arterial Cannulation**

Ascending Aorta / Femoral / Axillary

**Venous Cannulation**

Right Atrium / Bicaval / Femoral

**Bypass**

CPB

XC

CA

**Cardioplegia**

- CABG**
  - Anterior
  - Lateral
  - Inferior

**Aortic Valve** Repair / Replace

**Mitral Valve** Repair / Replace

**Tricuspid Valve** Repair / Replace

**Pulmonary Valve** Repair / Replace

**Aortic Procedure** Root / Ascending / Arch

**AF Surgery** Ablation / LAA Excision

**Pacing Wires** Atrial / Ventricular

**Chest Drains** Left pleural / Pericardial / Mediastinal / Right pleural

**Inotropes** NAd / Ad / Dobutamine / Levo / Milrinone

**Closure**