Document ID EM/FORMAT/33/V2.0 Document Version 02 Document Category Format Issue Date 06/2026

Operation Notes

Note: To be filled by Surgeon

Patient Label

Name: _____ Age/Sex: _____
UHID No.: _____IP No: _____
Date of Admission: _____
Dept./Unit: _____ Date of Discharge: _____
Bed No.: _____ Ward: _____
Doctor-in charge: _____

Date of Surgery _____ Start Time _____ End Time _____

Pre operative diagnosis:

_____

Post operative diagnosis:

_____

Name of Procedure:

_____

Type of Anaesthesia:

_____

Assistants

Surgeon: _____ _____

Anaesthestist: _____ _____

Scrub Nurse: _____

Operative Steps:

Post-operative vitals:

Specimens:

Estimated blood loss:

Fluid given:

Drains & Position:

Implants used:

Condition of patient after surgery: ☐Stable ☐ Fair ☐ Critical

Post operative orders:

Disposition: ICU/ Recovery Room / Patient Room

_____

Name & Signature of Surgeon

Regd. No.

……

Disclaimer

The content of the E-mitra is intended to serve as a sample and guide for better understanding the NABH Entry Level Standards. It is not prescribed by NABH as the exclusive or only way to meet the standards. Healthcare organizations are encouraged to adapt and modify the materials according to their own scope of services and operational needs. NABH is not liable for any misinterpretations or errors resulting from the unmodified use of this material, or for any non-compliance during assessments that may arise because of such actions.