



Özel **EKOL HASTANESİ**  
AMELİYAT PAYDA GİRİŞ FORMU



TARİH : .../.../20....

SERVİS ADI	AMELİYAT ADI	HASTA ADI SOYADI	DİYABET	KİLO (kg) BOY (cm)	AMELİYAT TARİHİ	SÜRE (dk)	YARA SINIFI	ASA SKORU	LAPARO - ENDOSKOPIK	ACİL (A) ELEKTİF (E)	ANESTEZİ	PROFİLAKSİ	CERRAH(LAR)
			V Y B		.../.../20....	dk.	T TK K KE	1 2 3 4 5	Evet / Hayır	A / E	G / L S-E	<input type="checkbox"/> Tek doz <input type="checkbox"/> 24s <input type="checkbox"/> >24s <input type="checkbox"/> İndüks <input type="checkbox"/> 1-2s <input type="checkbox"/> >2s	
			V Y B		.../.../20....	dk.	T TK K KE	1 2 3 4 5	Evet / Hayır	A / E	G / L S-E	<input type="checkbox"/> Tek doz <input type="checkbox"/> 24s <input type="checkbox"/> >24s <input type="checkbox"/> İndüks <input type="checkbox"/> 1-2s <input type="checkbox"/> >2s	
			V Y B		.../.../20....	dk.	T TK K KE	1 2 3 4 5	Evet / Hayır	A / E	G / L S-E	<input type="checkbox"/> Tek doz <input type="checkbox"/> 24s <input type="checkbox"/> >24s <input type="checkbox"/> İndüks <input type="checkbox"/> 1-2s <input type="checkbox"/> >2s	
			V Y B		.../.../20....	dk.	T TK K KE	1 2 3 4 5	Evet / Hayır	A / E	G / L S-E	<input type="checkbox"/> Tek doz <input type="checkbox"/> 24s <input type="checkbox"/> >24s <input type="checkbox"/> İndüks <input type="checkbox"/> 1-2s <input type="checkbox"/> >2s	
			V Y B		.../.../20....	dk.	T TK K KE	1 2 3 4 5	Evet / Hayır	A / E	G / L S-E	<input type="checkbox"/> Tek doz <input type="checkbox"/> 24s <input type="checkbox"/> >24s <input type="checkbox"/> İndüks <input type="checkbox"/> 1-2s <input type="checkbox"/> >2s	
			V Y B		.../.../20....	dk.	T TK K KE	1 2 3 4 5	Evet / Hayır	A / E	G / L S-E	<input type="checkbox"/> Tek doz <input type="checkbox"/> 24s <input type="checkbox"/> >24s <input type="checkbox"/> İndüks <input type="checkbox"/> 1-2s <input type="checkbox"/> >2s	
			V Y B		.../.../20....	dk.	T TK K KE	1 2 3 4 5	Evet / Hayır	A / E	G / L S-E	<input type="checkbox"/> Tek doz <input type="checkbox"/> 24s <input type="checkbox"/> >24s <input type="checkbox"/> İndüks <input type="checkbox"/> 1-2s <input type="checkbox"/> >2s	

V:Var Y:Yok B:Bilinmiyor T: Temiz TK: Temiz Kontamine K: Kontamine KE: Kirli Enfeksiyon

G: Genel L:Lokal S/E: Spinal/Epidual

<i>Doküman No</i>	<i>Yayın Tarihi</i>	<i>Revizyon No</i>	<i>Revizyon Tarihi</i>	<i>Sayfa No</i>
AH.FR.04	01.01.2021	02	22.01.2025	1/1