

Sample A

Hysteroscopy and NovaSure[®] Procedure Notes and Orders

Patient: _____ Date: _____

Time: _____ Verification completed: _____ UCG negative: _____

Allergies: _____ BP: _____ Pulse: _____ Resp: _____ Time: _____

Medication Dosage

Medication	Dosage

_____ BP _____ Pulse _____ Resp _____ Time (after meds given)

Comments: _____

NovaSure settings: length _____ width _____ duration _____

Post-procedure Orders

_____ Vital signs q 30 minutes x 2 _____ BP _____ Pulse

_____ Time

_____ Time _____ BP _____ Pulse

Post-procedure Medication

_____ Discharge 1-2 hours post-procedure with instructions given

_____ Condition at discharge: Good _____ Fair _____

Other instructions

Signature _____ Date: _____ Time: _____