

# SURGICAL OPERATORY INVENTORY

Room Number: \_\_\_\_\_  
Date: \_\_\_\_\_  
Staff: \_\_\_\_\_

| ITEM DESCRIPTION                 | PAR | ON<br>HAND | EXP.<br>DATE | STATUS                                                     | NOTES |
|----------------------------------|-----|------------|--------------|------------------------------------------------------------|-------|
| ANESTHESIA & SEDATION            |     |            |              |                                                            |       |
| Lidocaine 2% w/ Epi 1:100k       | 50  |            |              | <input type="checkbox"/> OK <input type="checkbox"/> Order |       |
| Articaine 4% w/ Epi 1:100k       | 50  |            |              | <input type="checkbox"/> OK <input type="checkbox"/> Order |       |
| Topical Benzocaine Gel           | 2   |            |              | <input type="checkbox"/> OK <input type="checkbox"/> Order |       |
| DISPOSABLES & BARRIERS           |     |            |              |                                                            |       |
| Surgical Gloves (Size 7.5)       | 10  |            | N/A          | <input type="checkbox"/> OK <input type="checkbox"/> Order |       |
| High Volume Evacuator (HVE) Tips | 100 |            | N/A          | <input type="checkbox"/> OK <input type="checkbox"/> Order |       |
| Sterile Patient Drapes           | 20  |            |              | <input type="checkbox"/> OK <input type="checkbox"/> Order |       |
| SUTURES & HEMOSTATICS            |     |            |              |                                                            |       |
| 4-0 Chromic Gut Sutures          | 12  |            |              | <input type="checkbox"/> OK <input type="checkbox"/> Order |       |
| Gelfoam Sterile Sponges          | 1   |            |              | <input type="checkbox"/> OK <input type="checkbox"/> Order |       |

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|------------------|-----|------------|--------------|--------|-------|
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**SUPERVISOR SIGN-OFF:**