

# PRE-OPERATIVE CHECKLIST



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PreOperative Record

Date: _____ (valid for 24 hours)				<b>Circle Item(s)</b>		<b>Pre-op Location</b>		<b>Pre-op Init</b>		<b>OR Location</b>		<b>OR Init</b>	
<b>Pre-Op vital signs:</b> <b>Time:</b> _____ T _____ Pulse _____ Resp _____ Height _____ BP _____ O2 Sats _____ Weight _____				Jewelry / piercing <input type="checkbox"/> N/A		<input type="checkbox"/> With patient <input type="checkbox"/> _____				<input type="checkbox"/> Daycare shelf <input type="checkbox"/> _____			
<b>Patient Prep.</b>		<b>Date / Time</b>		<b>Patient Prep.</b>		<b>Date / Time</b>		Teeth: Loose caps / crowns / bridge work / implants					
Last solid food				Last ETOH intake				<input type="checkbox"/> N/A					
Last clear fluids				Last voided									
This section is completed by <b>initialing</b> the appropriate box Pre-Op Nurse      OR Nurse Yes   No   N/A      Yes   No   N/A				Dentures / partial plates / Upper/ Lower		<input type="checkbox"/> With patient <input type="checkbox"/> _____				<input type="checkbox"/> Daycare shelf <input type="checkbox"/> _____			
Addressograph / labels				Contact Lenses / glasses		<input type="checkbox"/> With patient <input type="checkbox"/> _____				<input type="checkbox"/> Daycare shelf <input type="checkbox"/> _____			
ID band				N/A									
Allergy band				Hearing Aid R / L		<input type="checkbox"/> With patient <input type="checkbox"/> _____				<input type="checkbox"/> Daycare shelf <input type="checkbox"/> _____			
Allergy and Intolerance Form completed (VCH.C0.3086)				<input type="checkbox"/> N/A									
NPO status confirmed				Other (i.e. cane)									
History													
Consent for surgery													
Consent for blood products										Yes   No   N/A			
Blood refusal form													
Medical Orders for Scope of Treatment (MOST) completed (VCH.0379)													
Surgical site verification													
Surgical site marked by surgeon / designee													
Isolation precautions													
Order for IV antibiotic to start in OR Date ordered: _____													
Pre-op antibiotic started in SSCU / ward (infuse > 60 mins)													
Pre-op meds given & recorded													
MedRec / Transfer Active Orders													
Laboratory results on chart													
ECG results on chart													
X-rays (chest / others)													
MAR													
Ward IDD flowsheets / records													
Old chart													
Pre-op shower / wash completed													
CHG wipes prep completed													
Bowel prep													
Cosmetics / nail polish removed													
Last menstrual period:													
Prosthetics / permanent implants (i.e. pacemaker, breast implants, IVAD) Identify: _____													
Family contact identified on front of chart (#A.047ONS)													
Pre transfusion Testing Completed Prior to Current Hospital Admission (PAC ONLY)													
In the presence of the patient, I have verified that the Patient ID Band (patient name, MRN and birth date) consistent with the TMS Results Review Report										Initial	Yes		
I have confirmed the following questions with the patient:										Initial	Yes	No	N/A
1. Has patient been transfused with Red Cells or Platelets within the last 90 days?													
2. Was there a potential for pregnancy within the last 90 days?													
If discrepancy in patient ID is identified, or "YES" to Questions 1 or 2, contact TMS immediately for direction related to sample collection @ 4359													
										<b>Signature</b>		<b>Initial</b>	<b>Time</b>
<b>Pre-op Nurses (Ward, ER, SSCU)</b>													
<b>OR RN</b>													

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**A. Pre-operative Teaching (Discuss Needs That Apply To Patient)**

Learning Need	Yes	N/A	Initial	Comment
1. Fasting Guidelines <ul style="list-style-type: none"> <li>• NPO</li> </ul>				
2. Preparation <ul style="list-style-type: none"> <li>• Skin prep</li> <li>• shower</li> </ul>				
3. Recovery expectations				
Common Devices <ul style="list-style-type: none"> <li>• dressing/drains</li> <li>• Foley catheter</li> <li>• I.V</li> <li>• monitoring equipment</li> </ul>				
Exercises <ul style="list-style-type: none"> <li>• deep breathing and coughing</li> <li>• ankle</li> <li>• positioning</li> <li>• dangling mobilization</li> </ul>				
Pain Management <ul style="list-style-type: none"> <li>• pain scale</li> <li>• PCA</li> <li>• epidural</li> <li>• notify if pain ↑ or changes</li> </ul>				
4. Educational pamphlets given				
5. General pre-op video				
6. Other				