Perioperative Checklist for Nurses

Editable checklist for care before, during, and after surgery

Patient Information

Patient Name:	@Name
Hospital/ID Number:	000000
Date of Birth:	Jun 4, 2030
Age:	00
Sex assigned at birth:	Option 1 ▾
Surgical Procedure:	Describe here
Scheduled Date/Time:	Jun 4, 2030	08:00 AM
Surgeon:	@Name
Nurse/Unit:	@Name

Before surgery

Prepare the patient physically and psychologically for surgery

Item	Completed (✅)	Notes
Patient identity confirmed	☐	Note any concerns and observations
Surgical procedure and site confirmed	☐	Include intervention if needed
Verify consent form is signed	☐	State reason if not applicable
Another item here	☐	Add more notes here
Another item here	☐	Add more notes here
Another item here	☐	Add more notes here

Nurse's name:	Signature:
@Name here	signature here

Date: Jun 4, 2030

During surgery

Maintain patient safety and aseptic conditions during surgery

Item	Completed (✅)	Notes
Patient transported to OR with ID bands	☐	Note any concerns and observations
Sterility (including indicator results) confirmed	☐	Include intervention if needed
Surgical count performed and recorded	☐	State reason if not applicable
Another item here	☐	Add more notes here
Another item here	☐	Add more notes here
Another item here	☐	Add more notes here

Circulating nurse's name:	Signature:
@Name here	signature here

Date: Jun 4, 2030

After surgery

Ensure safe recovery and monitor for complications

Item	Completed (✅)	Notes
Patient transferred to post-anesthetic care unit	☐	Note any concerns and observations
Breathing and circulation assessed	☐	Include intervention if needed
Pain level assessed and managed	☐	State reason if not applicable
Another item here	☐	Add more notes here
Another item here	☐	Add more notes here
Another item here	☐	Add more notes here

Care unit nurse's name:	Signature:
@Name here	signature here

Date: Jun 4, 2030