

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Example of Preoperative/Pre Procedure Checklist MRN: \_\_\_\_\_ Allergies: \_\_\_\_\_

<b>Name of Procedure/Surgery:</b>	Sending Unit		Phone Number:		
	Recent Weight: kg		Height: cm/in		
	Time of Vital Signs: (within an hour of transport)	T	P	R	BP
DNR Order? ___Yes ___No	Intake		Date		Time
	Last solid p.o. intake/tube feeding/breast milk:				
	Last clear liquid p.o. intake:				
<b>Section A: Required Pre-op/Pre Procedure Elements</b>		<b>Directions</b> If not done, please specify reason			<b>Initials</b> (Initial when complete)
<b>Items present on the chart/with patient:</b>					
Isolation/Transmission-Based Precautions Type: _____		Note precautions on the front of the chart. Call area if patient on Airborne precautions			
Nursing flowsheet and TPR					
'Home' medication list on chart					
Current MAR					
If allergy, wristband applied					
If difficult airway is known, wristband applied					
Patient labels match patient ID band		For patients being sent to OR			
Oxygen _____L/min		Be sure tank is at least half full			
<b>Pre-op Procedure prep:</b> Do not give preoperative sedation if consent not obtained. If 'no' to any below, please comment					
Pre-op/pre-procedure medications administered					
Pre-op scrubs completed if ordered					
Bowel prep administered if ordered					
IV access present and patent		If no, notify procedure area			
<b>Presence of any of the following items?</b> (Check applicable policies for handoff/special equipment/transport needs)					
External/internal insulin pump					
PCA pump					
Pacemaker (external/internal ventricular assist device, ICD (circle appropriate))		Patient must be transported on monitor if implantable defibrillator (ICD) is off			
Tracheostomy, chest tube					
Continuous Cardiac Monitoring implemented if required		Transport on a monitor			
Surgical Safety					
Consent Completed and includes the following: <ul style="list-style-type: none"> <li>Planned procedure</li> <li>Operative side</li> <li>Provider signature</li> <li>Patient/decision maker signature</li> <li>Witness signature</li> <li>Date/time for each signature</li> </ul>		Do NOT send to the operating room/procedure room if consent is not signed, witnessed and dated.  **IF any items are missing, contact surgeon and anesthesiologist			
Site marking is visible; surgeon/provider initials on the planned operative side/site as documented on the consent.					
Preop History and Physical present on chart					
Preop Labs reviewed and present on chart					
Patient Belongings (Circle items and put location in the column to the right) Jewelry		Location of items listed below			

Dentures Contact lenses/glasses Artificial Limb Hearing aid Wig/hairpiece Cell Phone Wallet		
Location (or phone number) for family _____ Relationship _____		

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_