

Memorial  
Hospital

DATE

IMPRINT WITH PATIENT CHARGE PLATE

### PERIOPERATIVE CHECKLIST

REFER TO GUIDELINES ON BACK OF FORM

ALLERGIES:

- VITAL SIGNS (WITHIN 2 HOURS OF SURGERY) T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ HEIGHT \_\_\_\_\_ CM. WEIGHT \_\_\_\_\_ KG.
- PLANNED PROCEDURE \_\_\_\_\_
- REQUIRED I.D. BRACELET LEGIBLE, ACCURATE AND IN PLACE \_\_\_\_\_
- PATIENT HAS BEEN NPO SINCE \_\_\_\_\_ (DATE, TIME)
- FINGERSTICK BLOOD GLUCOSE RESULT, IF INDICATED \_\_\_\_\_
- PERTINENT INFORMATION/SPECIAL NEEDS \_\_\_\_\_

	YES	NO	REQUIRED FOR LOCAL CASES	COMMENTS
1. DENTURES REMOVED/LOOSE TEETH NOTED				
2. JEWELRY REMOVED/TAPED ON				
3. GLASSES/CONTACT LENSES REMOVED				
4. HEARING AID REMOVED				
5. NAIL POLISH REMOVED				
6. OP. PERMIT OR EVIDENCE OF AGREEMENT TO OPERATE SIGNED AND ON CHART				
7. PLATE; KARDEX, NURSES' NOTES AND MEDICINE SHEETS				
8. HISTORY AND PHYSICAL				
9. LABS				
HEMOGRAM (SEE GUIDELINES)				
CHEMISTRY (SEE GUIDELINES)				
PT/APTT (SEE GUIDELINES)				
PREGNANCY TEST DONE				
10. INTERPRETED EKG (SEE GUIDELINES)				
11. CXR REPORT (SEE GUIDELINES)				
12. STANDARD MEDICATIONS GIVEN & CHARTED				
13. PRE-OP MEDS GIVEN AND CHARTED				
14. OLD RECORDS SENT TO OR WITH PATIENT				

SIGNATURE OF NURSE; NURSING UNIT

DATE:

TIME:

#### 2. BLOOD BANK BRACELET

1. TYPENEX BRACELET DATED WITHIN 72 HOURS  YES  NO  N/A BRACELET NUMBER \_\_\_\_\_

#### OR REATTACHMENT OF BLOOD BANK BRACELET ON DAY OF SURGERY.

- I CERTIFY THE PT. HAS PRESENTED ONE PICTURE ID OR TWO OTHER FORMS OF ID BEFORE REATTACHMENT OF TYPENEX ARMBAND FROM PINK ENVELOPE.  
RN SIGNATURE / DATE \_\_\_\_\_
- I HAVE PRESENTED THE PINK ENVELOPE & IDENTIFIED MY SIGNATURE BEFORE REATTACHMENT OF THE TYPENEX ARMBAND.  
PATIENT'S SIGNATURE / DATE \_\_\_\_\_

#### 3. OR ASSESSMENT

- I.V. FLUID/SITE \_\_\_\_\_ MINIBAG  N/A
- LEVEL OF RESPONSIVENESS  ALERT  DROWSY  CONSCIOUS  UNCONSCIOUS  RESPONDS TO STIMULI
- SKIN CONDITION \_\_\_\_\_
- ORGAN/TISSUE DONOR  YES  NO  UNKNOWN
- FAMILY WAITING  YES  NO  RIDE VERIFIED (FOR OUTPATIENTS) \_\_\_\_\_
- SIGNIFICANT MEDICAL HISTORY \_\_\_\_\_
- PRE-OP TEACHING  INTRA-OP  POST-OP
- OPERATING ROOM NUMBER \_\_\_\_\_

SIGNATURE OF NURSE/POAC:

DATE:

TIME:

SIGNATURE OF NURSE/OR: