

# PRE-OP ASSESSMENT (DAY OF SURGERY)

PATIENT NAME \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

DATE OF SURGERY \_\_\_\_\_

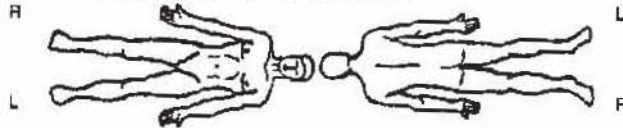
DATE	TIME
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CONFIRMATION OF SURGICAL SITE:  
 LEFT     RIGHT

VITAL SIGNS:  
 BP \_\_\_\_\_ P \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ SpO<sub>2</sub> \_\_\_\_\_ %

### NUTRITIONAL / METABOLIC

MARK ANY BRUISES, CUTS, SCAR6, WOUNDS, RASHES, ETC.



IF DIABETIC GLUCOMETER \_\_\_\_\_ AT \_\_\_\_\_ TIME

COUGH:  PRODUCTIVE     NON PRODUCTIVE

SECRETIONS: \_\_\_\_\_

SORE THROAT     NASAL CONGESTION

NPO SINCE \_\_\_\_\_

MEDS. TAKEN TODAY:

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PATENT BELONGINGS:	INITIALS:	COMMENTS:
Hearing aid sent to O.R.		
Fingernail polish removed		
Antibiotics to O.R. of Patient		
Jewelry removed secured		
Hairpins removed		

### RESPIRATORY

A = ABSENT    C = CLEAR    D = DIMIN.    Rh = RHONCHI    R = RATES    W = WHEEZE

LUL	RUL
LLL	RLL
	RL

### ACTIVITY / EXERCISE

COLOR NORMAL:  YES     NO

EDEMA:  PRESENT     NOT PRESENT

COMMENT: \_\_\_\_\_

HEART RHYTHM:  REGULAR     IRREGULAR

### COGNITIVE / PERCEPTUAL PATTERNS

BEHAVIORS:     ANGRY     RESTLESS     ANGRY  
 ANXIOUS     SAD     CONFUSED  
 CALM     WITHDRAWN     NON-RESPONSIVE

S T A R T	SIZE / TYPE
	SITE:
	AMT / SOLUTION RATE:
	STARTED BY:
	TIME:

MEDICATIONS GIVEN		
TIME	DRUG, DOSE, ROUTE	INITIALS

REQUIRED	INITIALS	ON CHART	INITIALS	NOT APPLICABLE
Surgical Consent Signed / Witnessed		Misc		
Height / Weight on Chart		EKG - If older than 50		
TPR / BP Recorded		X-ray if ordered		
Voided		Consultation		
ID Band on		Premedication given		
Allergies Noted / on Chart		Prostheels removed		
History and Physical on Chart		Dentures removed		
No Gum		Contacts / glasses removed		
Gown / No underwear (if applic.)				

TIME	COMMENTS