

HOSPITAL

PREOPERATIVE / PREPROCEDURE CHECKLIST

TASK	INITIALS			Comments
	Y	N	N/A	
Operative/Procedure consent signed by patient (parent/guardian) and physician, witnessed and on chart				
Anesthesia consent signed by patient (parent/guardian) and physician, witnessed and on chart				
Order for procedure signed and on chart.				
Identification Bracelet on patient and verified as correct				
If Identification Bracelet NOT required: 2 Patient Identifiers Obtained				MD offices only
Level of Consciousness <input type="checkbox"/> Alert <input type="checkbox"/> Medicated <input type="checkbox"/> Confused				
Allergies identified and documented				
Allergy Bracelet on patient				
Blood Transfusion consent signed, witnessed and on chart				
<input type="checkbox"/> Type and Screen drawn <input type="checkbox"/> Type and Cross done				
Typenex on patient and verified as correct				
_____ Units of Blood Available (Blood Bank # 25112)				
<input type="checkbox"/> Voided <input type="checkbox"/> Foley catheter (Time _____)				
Vital Signs Temperature: _____ Pulse: _____ Respiration Rate: _____ Blood Pressure _____ Pulse Ox: _____ (Time _____)				
Verified NPO status (Time _____) OR Last Solid (Time _____) Last Liquid (Time _____)				
Pre-operative blood work done (Time _____) results available				
IV patent (IV Gauge _____)				
Antibiotics initiated per SIP (Surgical Site Infection Prophylaxis) protocol (Time _____)				
Pre Op medication given and documented (Time _____)				
Patient receiving anticoagulant meds? (Heparin, Lovenox, Coumadin, Plavix, ASA, Fondaparinux/Arixtra) If so: Last dose Date _____ Time _____				
ECG done and results available				
Pregnancy Test done, results available (EDC _____ FHR _____)				
History and Physical completed and signed *				
History and Physical updated within 24 hours or pre-anesthesia assessment completed				
<input type="checkbox"/> Do Not Resuscitate (DNR) noted and suspended <input type="checkbox"/> Alternate plan of care discussed and documented				
TED stockings applied per VTE (Venous ThromboEmbolic) Prophylaxis Protocol				
Pre-op Teaching and plan of care reinforced				
Surgical procedure and site verified with <input type="checkbox"/> Patient (Parent/Guardian) <input type="checkbox"/> Surgeon <input type="checkbox"/> Surgery schedule <input type="checkbox"/> Consent <input type="checkbox"/> Site marked				
Valuables <input type="checkbox"/> Dentures <input type="checkbox"/> Glasses / Contacts <input type="checkbox"/> Prosthesis <input type="checkbox"/> Clothing <input type="checkbox"/> Jewelry /Body Piercings <input type="checkbox"/> Pacemaker <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Wig Removed and Secured According to Policy				

* History and Physical needs to be co-signed by surgeon if completed by PA, resident or non Sinai MD

Initials	Signature	Discipline	Clock #	Initials	Signature	Discipline	Clock #

Pre Op Unit Nurse Signature _____ Clock # _____ Date _____ Time _____

OR Unit Nurse Signature _____ Clock # _____ Date _____ Time _____

Signatures indicate all of the above tasks are complete