

COUNTY HOSPITAL

PRE-OP / POST-OP CHECKLIST

Addressograph

PRE-OPERATIVE CHECKLIST

Date _____
 Arrival Time _____
 Surgeon's Name _____
 Vital Signs _____
 Weight _____
 Allergies _____

PRE-OP CALL CHECKLIST

PATIENT'S NAME: _____ DOS _____ DATE _____
 TIME: _____ AM / PM PERSON NOTIFIED: PATIENT ___ SPOUSE ___ PARENT ___ OTHER ___
 STAFF MEMBER PERFORMING CALL: _____
 PATIENT NOTIFICATION PHONE NUMBER(S): _____ UNABLE TO CONTACT
 PROCEDURE: _____

PATIENT INSTRUCTIONS

YES	NO	
_____	_____	DIRECTIONS FOR PARKING AND REGISTRATION GIVEN
_____	_____	NPO AFTER <u>MN</u> INCLUDES H ₂ O, COFFEE, GUM, MINTS
_____	_____	NO SMOKING OR TOBACCO USE X 24 HRS.
_____	_____	IF DRINKS ALCOHOL, NO ALCOHOL X 24 HRS.
_____	_____	IMPORTANCE OF TAKING PRESCRIBED MEDS WITH SIP OF H ₂ O
_____	_____	EXPLAINED (EXCLUDING DIABETIC MEDS, BLOOD THINNERS & MEDS THAT IRRITATE THE STOMACH)
_____	_____	NO HAIRPINS, JEWELRY, MAKEUP, NAIL POLISH, EXPENSIVE CLOTHING (ACRYLIC NAILS OK)
_____	_____	LEAVE VALUABLES AT HOME (I.E., MONEY, CREDIT CARDS, JEWELRY)
_____	_____	IF CONTACTS, BRING CASE / SOLUTION
_____	_____	IF GLASSES, BRING CASE
_____	_____	BRING INSURANCE CARDS / SOCIAL SECURITY NUMBER
_____	_____	DRIVER

POST-OP CALL

DATE: _____ TIME: _____ AM / PM
 PERSON NOTIFIED: PATIENT ___ SPOUSE ___ PARENT ___ OTHER ___
 STAFF MEMBER PERFORMING CALL: _____

- On a scale of 0 - 10 with 0 being NO PAIN and 10 being SEVERE PAIN, please rate below Pain after surgery _____
- Appearance of the incision: red, hot to touch, unusual amount of tenderness _____
- Appearance of dressing if directed to leave in place until seen by M.D. _____
- As far as your activity level, are you performing usual activities? Yes ___ No ___

Comments: _____

Instructions given: _____

- ID Band On / Correct _____
- Dentures / Partial Out _____
- Hearing Aid _____
- Jewelry Removed _____
- Contact Lens / Glasses Removed _____
- Nail Polish - Hairpins _____
- Cap & Gown On _____
- NPO Since _____
- Surgical Prep _____
- I.V. Started _____
- Pre-Op Medications _____

Chart Checklist

- Consent Signed _____
- Lab Reports _____
- EKG _____
- X-Ray _____
- H & P On Chart _____
- Advance Directive: Yes ___ No ___
 Info given: _____
- Family Physician _____
- Surgical site marked with patient verification: Yes ___ No ___
 Comments: _____

Signature _____