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**REGIONAL MEDICAL CENTER
Pre-Op/Pre-Procedure Checklist**

To Be Completed Prior to Transfer to Procedure Area

Date: _____

Patient Identification		
Patient identified via:	Yes	No
* Patient ID Band		
* Having Patient state their name and social security number or account #		
Site/Side initialed by operating physician		
Procedure confirmed with medical records, consents & patient		
Does Patient have an Advanced Directive?		
Procedure:		
Who reviewed this section:		

Transportation Needs: Check those that apply		
<input type="checkbox"/> Bed	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Oxygen	<input type="checkbox"/> Monitor	
<input type="checkbox"/> Drips: List:		
Who Reviewed this section		

Isolation: Check those that apply. <input type="checkbox"/> None		
<input type="checkbox"/> VRE	<input type="checkbox"/> MRSA	<input type="checkbox"/> TB
<input type="checkbox"/> Gas Gangrene	<input type="checkbox"/> Wound	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Urine	<input type="checkbox"/> Stool	<input type="checkbox"/>
Who reviewed this section:		

Communication Barriers – Circle and document the need	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alert & Oriented
<input type="checkbox"/> Yes <input type="checkbox"/> No	Language – Hearing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Translator – interpreter - language line
Who reviewed this section:	

NPO/Allergies	
<input type="checkbox"/> Yes <input type="checkbox"/> No	NPO since:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies (please state)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contrast Allergy
<input type="checkbox"/> Yes <input type="checkbox"/> No	Latex Allergy
Who reviewed this section:	

Identification of Initials

Initials Signature

Patient Preparation	Yes	No	n/a
Jewelry Removed – ALL			
Glasses/Contacts Removed			
Removable teeth removed			
Hearing Aids removed			
Clothing & Underwear removed			
Voided/Foley (circle)			
Safety Video Shown			
Who reviewed this section			

Chart Review	Yes	No	N/A
Informed Consent			
* Hospital			
* Surgical/Procedural			
* Anesthesia			
* Blood			
History & Physical: on chart			
Consults			
Patient Summary Report printed and attached			
Lab Work:			
* Ordered			
* Results on Chart			
* Result of HCG			
* Crossmatched # of Units			
* Physician Aware of Abnormal Results			
EKG:			
* Ordered			
* On Chart			
Chest X-Ray & Other Imaging:			
* Ordered			
* On Chart			
Pulmonary Function Test			
* Ordered			
* On Chart			
Who Reviewed this section:			

Anticoagulants	Yes – Last Dose	No
ASA, Lovenox, Heparin (circle)		
Other (List)		
Who Reviewed this section:		

Pre-Medication			
Medication	Time Ordered	Time Given	Nurse Initial



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