**PERIOPERATIVE CHECKLIST**

**DATE**

**IMPRINT WITH PATIENT CHARGE PLATE**

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**1. VITAL SIGNS (WITHIN 2 HOURS OF SURGERY) T ______ P ______ R ______ BP ______**

**2. PLANNED PROCEDURE**

**3. REQUIRED I.D. BRACELET LEGIBLE, ACCURATE AND IN PLACE**

**4. PATIENT HAS BEEN NPO SINCE**

**5. FINGERSTICK BLOOD GLUCOSE RESULT, IF INDICATED**

**6. PERTINENT INFORMATION/SPECIAL NEEDS**

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**7. DENTURES REMOVED/LOOSE TEETH NOTED**

**8. JEWELRY REMOVED/TAPED ON**

**9. GLASSES/CONTACT LENSES REMOVED**

**10. HEARING AID REMOVED**

**11. NAIL POLISH REMOVED**

**12. OP, PERMIT OR EVIDENCE OF AGREEMENT TO OPERATE SIGNED AND ON CHART**

**13. PLATE, KARDEX, NURSES’ NOTES AND MEDICINE SHEETS**

**14. HISTORY AND PHYSICAL**

**15. LABS**

- HEMOGLOBIN (SEE GUIDELINES)
- CHEMISTRY (SEE GUIDELINES)
- PT/PTT (SEE GUIDELINES)
- PREGNANCY TEST DONE

**16. INTERPRETED EKG (SEE GUIDELINES)**

**17. CXR REPORT (SEE GUIDELINES)**

**18. STANDARD MEDICATIONS GIVEN & CHARTED**

**19. PRE-OP MEASURES GIVEN AND CHARTED**

**20. CLD RECORDS SENT TO OR WITH PATIENT**

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**SIGNATURE OF NURSE, NURSING UNIT**

**DATE:**

**TIME:**

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**21. BLOOD BANK BRACELET**

- TYPENEX BRACELET DATED WITHIN 72 HOURS [ ] YES [ ] NO [ ] N/A BRACELET NUMBER

**OR ATTACHMENT OF BLOOD BANK BRACELET ON DAY OF SURGERY.**

- I CERTIFY THE PT. HAS PRESENTED ONE PICTURE ID OR TWO OTHER FORMS OF ID BEFORE ATTACHMENT OF TYPENEX ARM BAND FROM PINK ENVELOPE.

**SIGNATURE:**

**DATE:**

**TIME:**

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**22. OR ASSESSMENT**

- I.V. FLUID/ SITE [ ] YES [ ] NO [ ] N/A

**MINIBAG**

- LEVEL OF RESPONSIVENESS [ ] ALERT [ ] DROWSY [ ] CONSCIOUS [ ] UNCONSCIOUS [ ] RESPONDS TO STIMULI

**SKIN CONDITION**

- ORGANISATION DONOR [ ] YES [ ] NO [ ] UNKNOWN

**FAMILY WAITING**

- SIGNIFICANT MEDICAL HISTORY

- PRE-OP TEACHING [ ] INTRA-OP [ ] POST-OP

**OPERATING ROOM NUMBER**

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**SIGNATURE OF NURSES/DOCTOR:**

**DATE:**

**TIME:**

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**SIGNATURE OF NURSES/DOCTOR:**

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