

University of  
at

PREOPERATIVE CHECKLIST

Proposed Operation \_\_\_\_\_

I. PSYCHOLOGICAL PREPARATION	INITIALS	II. PATIENT'S CHART	INITIALS
<b>A. Preoperative Teaching</b> 1. Visiting Regulations _____ 2. Turn, Cough, Deep Breath _____ 3. Inspiratory Spirometry _____ 4. Ambulation/Exercise _____ 5. O <sub>2</sub> treatments/Tubes/Drains _____ 6. Presurgical Unit/Recovery Room _____ 7. Pre-and-Post Operative Procedures _____ 8. NPO -Diet Restrictions _____ 9. Audiovisual Aid. shown (if available) _____		<b>A. Consents</b> 1. Operative - signed and witnessed _____ 2. Blood Transfusion Consent - signed and witnessed _____ 3. 30 Day Sterilization Consent - signed and witnessed _____ 4. Limb Disposal Consent - signed and witnessed _____ 5. Other _____	
<b>B. Emotional Assessment</b> 1. Assess understanding of proposed surgery and answer questions as necessary _____ 2. Handicaps or special precautions (check what is applicable) ___ restraints            ___ traction ___ paralysis            ___ contractures ___ isolation            ___ seizures ___ radiation            ___ mental handicap ___ prisoner/correctional officer ___ other _____ 3. Sensorium (check where applicable) ___ excited            ___ alert ___ apprehensive        ___ relaxed ___ awake                ___ combative		<b>B. Preoperative Tests</b> 1. Chest X-Ray _____ 2. Blood Type & Crossmatch: number of units component _____ 3. EKG _____ 4. Consults _____ 5. Laboratory Tests a. Clin-Chem _____ b. CBC _____ c. UA _____ d. P/PTT _____ e. Sickle Cell Prep/Electrophoresis _____ f. Post-Partum Hematocrit _____ g. RPR _____ h. Other _____	

A. Vitals B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ O<sub>2</sub> Sat \_\_\_\_\_ % Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

**III. PHYSICAL PREPARATION**

INITIALS

**B. Hygiene**

1. Shave Prep \_\_\_\_\_ Site \_\_\_\_\_ Time \_\_\_\_\_ am pm
2. Shower/Bath \_\_\_\_\_
3. Oral Hygiene \_\_\_\_\_
4. Bowel Prep \_\_\_\_\_

**C. Personal Effects**

Removed	Not Rem'vd.	Disposition/Comments
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1. Dentures \_\_\_\_\_
2. Jewelry \_\_\_\_\_
3. Wigs/Hair Accessories/Cosmetics/Nail Polish \_\_\_\_\_
4. Eye Glasses/Contacts \_\_\_\_\_
5. Hearing Aids \_\_\_\_\_
6. Prosthesis: Lmb \_\_\_\_\_ Eye \_\_\_\_\_

**D. Valuables and personal belongings secured:**

Location \_\_\_\_\_ Sent home with \_\_\_\_\_

**E. I.D. Bands (2)**

Allergy \_\_\_\_\_ Other \_\_\_\_\_

**F. Wearing Hospital gown only**

Exceptions \_\_\_\_\_

**G. NPO since:**

Void, time: \_\_\_\_\_ am pm

**H. Tubes/Drains/Foley present (type)**

**I. Neonatal Patients:**

Transport bed temperature \_\_\_\_\_ Battery charged \_\_\_\_\_  
 O<sub>2</sub> PSI in cylinder: \_\_\_\_\_ CP monitoring in progress \_\_\_\_\_

**J. PREPARATIONS / PREOPERATIVE MEDS**

SOLUTION / AMOUNT:		IV STARTED BY		TIME	TAKEN TO				
SITE:		CATH SIZE:		TIME	VIA				
PRE-OP ADD/CLIQUECK:									
TIME	MEDICATION	DOSE	ROUTE	GIVEN BY	W/C	CART	CRIB	CARRIED	WAGON
					WITH				
					O <sub>2</sub>	SANDBAG			
					ACCOMPANIED BY				
					ANES	SERVICE	TRANSPORTER	NURSE	
					SIGNATURE				

NURSE'S NOTES:

**IV. TRANSFER TO OR (Please Check)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Current chart   | <input type="checkbox"/> Clinic chart    | <input type="checkbox"/> Addressograph plate |
| <input type="checkbox"/> Interim summary | <input type="checkbox"/> Bedside records | <input type="checkbox"/> X-Rays              |

**NURSES' INITIALS & SIGNATURE**
