UNIVERSITY OF MEDICAL CENTER

# PREOPERATIVE CHECKLIST

| DATE | TIME AM PM | PATIENT TYPE ☐ SAME DAY SURGERY ☐ SAME DAY ADMISSION ☐ INPATIENT | ARRIVAL STATUS ☐ AMBULATORY ☐ AMBULATORY W/ASST ☐ STRETCHER | ☐ INPATIENT ☐ CARRIED ☐ STROLLER ☐ WHEELCHAIR | PATIENT BELONGINGS: ☐ WITH FAMILY ☐ LOCKER # ☐ OTHER |
|---|---|---|---|---|---|

ALLERGIES (Food, Medication, Latex) ☐ YES ☐ NO If yes, describe:

| NPO ☐ YES ☐ NO TIME | WT | VITAL SIGNS T= | P= | R= | BP= |
|---|---|---|---|---|---|

| I.V. SITE ☐ NONE ☐ RIGHT ☐ LEFT ☐ HAND ARM OR OTHER | SIZE I.V. CATH | SOLUTION | TIME STARTED |
|---|---|---|---|

| Isolation: ☐ Contact ☐ Droplet ☐ Airborne | UNIT YES | UNIT NO | UNIT N/A | OR YES | OR NO | OR N/A | COMMENTS (For "No" Answers, Give Reasons and Action) |
|---|---|---|---|---|---|---|---|
| ID Band Correct and in Place | | | | | | | |
| Blood Band and Typenex Band on/Consent | | | | | | | |
| Operative Permit Complete | | | | | | | |
| Anesthesia Consent Complete | | | | | | | |
| Advanced Directives Complete | | | | | | | |
| Site Confirmation Complete | | | | | | | |
| Lab Work on Chart | | | | | | | |
| CBC | | | | | | | |
| Urinalysis | | | | | | | |
| Chemistry | | | | | | | |
| HCG if Childbearing Female | | | | | | | |
| Other: | | | | | | | |
| X-Ray on Chart | | | | | | | |
| EKG on Chart | | | | | | | |
| Chart Complete? | | | | | | | |
| Addressograph Plate/Pt. ID | | | | | | | |
| Prior Patient Chart | | | | | | | |
| H & P Complete and on Chart | | | | | | | |
| Medication Administration Record on chart | | | | | | | |
| ☐ Indwelling Cath ☐ Voided Time: | | | | | | | |
| Are there any Prosthesis? | | | | | | | |
| If Yes, are the Prosthesis Removed? | | | | | | | |
| Dentures | | | | | | | |
| Hearing Aid | | | | | | | |
| Eyeglasses/Contacts | | | | | | | |
| Glass Eye | | | | | | | |
| Wig | | | | | | | |
| Extremities | | | | | | | |
| Valuables Removed (i.e. jewelry or money) List: | | | | | | | |
| | | | | | | | |
| Pressure Ulcers | | | | | | | |
| Antimicrobial Shower | | | | | | | |
| Properly Dressed for the OR (Gown on, Undergarments off, Makeup, Nail | | | | | | | |
| Polish/False Nails, Lipstick, and Hair Accessories Removed as Necessary) | | | | | | | |
| Hair Clipping Completed at Bedside | | | | | | | |

| TIME | PREP & OTHER MEDICATIONS GIVEN IN LAST 12 HOURS | DOSAGE | ROUTE | SITE | INITIALS |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

ADDITIONAL COMMENTS:

FAMILY/SIGNIFICANT OTHER WILL BE WAITING AT (LOCATION/PHONE):

| R.N. SIGNATURE (FLOOR) | R.N. SIGNATURE (OR) |
|---|---|