COUNTY HOSPITAL
PRE-OP / POST-OP CHECKLIST

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 ___
1. DIRECTIONS FOR PARKING AND REGISTRATION GIVEN
2. NPO AFTER MN INCLUDES H₂O, COFFEE, GUM, MINTS
3. NO SMOKING OR TOBACCO USE X 24 HRS.
4. IF DRINKS ALCOHOL, NO ALCOHOL X 24 HRS.
5. IMPORTANCE OF TAKING PRESCRIBED MEDS WITH SIP OF H₂O
6. EXPLAINED (EXCLUDING DIABETIC MEDS, BLOOD THINNERS & MEDS THAT IRRITATE THE STOMACH)
7. NO HAIRPINS, JEWELRY, MAKEUP, NAIL POLISH, EXPENSIVE CLOTHING
8. (ACRYLIC NAILS OK)
9. LEAVE VALUABLES AT HOME (I.E., MONEY, CREDIT CARDS, JEWELRY)
10. IF CONTACTS, BRING CASE / SOLUTION
11. IF GLASSES, BRING CASE
12. BRING INSURANCE CARDS / SOCIAL SECURITY NUMBER
13. DRIVER

POST-OP CALL
DATE: ______________________ TIME: __________ AM / PM
PERSON NOTIFIED: PATIENT ___ SPOUSE ___ PARENT ___ OTHER ___
STAFF MEMBER PERFORMING CALL: ______________________

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

Instructions given: ______________________
______________________________
______________________________

Chart Checklist
1. Consent Signed ______________________
2. Lab Reports ______________________
3. EKG ______________________
4. X-Ray ______________________
5. H & P On Chart ______________________
6. Advance Directive: Yes ___ No ___
   Info given: ______________________
7. Family Physician ______________________
8. Surgical site marked with patient verification: Yes ___ No ___
   Comments: ______________________
______________________________
______________________________
______________________________
Signature ______________________
______________________________
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