

HOSPITAL

PREOPERATIVE CHECK LIST

- YES O.R. PERMIT SIGNED BY PATIENT/ON CHART
- YES O.R. PERMIT SIGNED BY SURGEON
- YES O.R. PERMIT SIGNED BY ANESTHESIOLOGIST
- YES H+P ON CHART
- YES NA CBC BMP BETA T&S LABS ON CHART
- YES NA EKG DONE REPORT ON CHART
- YES NA CHEST X-RAY DONE REPORT ON CHART

PRE-OPERATIVE VITAL SIGNS (WITHIN 1-HOUR PRIOR TO OR)

TIME: _____
 TEMP: _____ HR _____ BP _____ RR _____
 O2 Sat _____

Operative Side/Site Verification - Inpatient Unit N/A

Operative Side Verified as _____
 by _____ RN

Operative Side/Site Verification - Ambulatory Surgery Unit

N/A
 Operative Side Verified as _____
 By _____ RN

Operative Side / Site Verification & Site Signature Verification : OR Nurse Preoperative: N/A

Operative Side Verified as _____ by _____ RN
 Operative Side Signed by Surgeon Verified by _____ RN

- YES IDENTIFICATION BAND ON PATIENT
- YES PATIENT NPO AS ORDERED
- YES PRE-OP ANESTHESIA QUESTIONNAIRE COMPLETE/ON CHART
- YES ALLERGIES NOTED ON CHART: _____
- YES NURSING DATA BASE COMPLETE/ON CHART
- YES ADVANCE DIRECTIVES NOTED ON DATA BASE/CHART NO INFORMATION PROVIDED
- YES PATIENT VOIDED YES NO URINARY CATHETER
- YES PACEMAKER NO IMPLANTED PACEMAKER
- YES NA HAIRPIECES/PINS REMOVED DISPOSITION: _____
- YES NA JEWELRY REMOVED DISPOSITION: _____
- YES NA DENTURES REMOVED DISPOSITION: _____
- YES NA EYEGASSES/CONTACTS REMOVED DISPOSITION: _____
- YES NA HEARING AID(S)/PROSTHESIS REMOVED DISPOSITION: _____

ASSESSMENT OF PATIENT STATUS UPON TRANSFER TO THE OR:

ADDITIONAL COMMENTS:

PRE-OP NURSE SIGNATURE

PRE-OP NURSE (PRINT)

TIME: _____ DATE: _____

PATIENT CHART REVIEW/ALL COMPONENTS VERIFIED AS COMPLETE AND THE PATIENT IDENTIFIED BY:

OR NURSE SIGNATURE

OR NURSE (PRINT)

TIME: _____ DATE: _____

ACC USE ONLY

ITEM	REQUIRED	ACC RN SIGNATURE:	DATE:	TIME:
X-ray	CXR			
Cardiology	EKG			
LAB	Urinalysis			
	CBC			
	BMP			
	CMP			
	Beta HCG			
	PT/APTT			
MEDS	Pre-Op			

ACC COMMENTS: