



fraserhealth

29/08/2018 10:26

PREOPERATIVE CHECKLIST

JPOCSC/SMH



ORPO106785A

REV: Sept. 22/16

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Date: _____				Scheduled start time/length (minutes) _____ / _____ (SDC Use)			
Surgery:							
<i>Do not use shaded boxes</i> <i>Initial Boxes When Completed</i>	YES	NO	N/A	<i>Do not use shaded boxes</i> <i>Initial Boxes When Completed</i>	YES	NO	N/A
Identification band correct				Last fluid at _____ Last solids at _____			
Allergy band				Last voided _____ <input type="checkbox"/> Foley			
Surgical consent complete				Dentures or partial plates removed			
Substitute Decision Maker consent				Caps/crowns/loose teeth (list below)			
Blood Consent/Refusal				Contacts/glasses removed			
MOST consent completed by MRP				Hearing aids in place / Removed			
Physician's History				Prosthesis/implants (list below)			
Pre-surgical patient questionnaire				CHG cloth/shower/other			
OSA Screening complete/CPAP				Make-up/nail polish removed			
* 20 patient labels and complete chart (MAR, chart pack, flowsheets)				Jewelry removed / Valuables Locked Up /Sent Home			
Lab work/Group and Screen				Oral care done			
ECG on chart				Mechanical bowel prep done			
Pre-op teaching				Pre-op medication administered			
Infection Precautions: _____				Pre-op antibiotic on call to OR <input type="checkbox"/> Sent on Chart			
Braden Scale				Medication Reconciliation on Chart			
Skin Integument Concerns				Aggressive Violent Behavior (AVB)			
Vital Signs within 4 hours:					Forced Air <input type="checkbox"/>		
BP _____ P _____ SPO2 _____ Temp _____ Gluc _____ Height _____ Weight _____					Warming (SDC) N/A		
Resps _____					Time ON: _____		
Contact Person: _____ Telephone: _____					Time: _____		
Comments: _____					Temp: _____		
_____					Time OFF: _____		

Checklist verified by: _____ Time: _____							
	TIME STARTED (SDC Use)	SITE/SIZE	SOLUTION	AMOUNT	SIGNATURE		
IV							

PREOPERATIVE CHECKLIST - JPOCSC/SMH

Cont'd

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OPERATING ROOM CHECKLIST (Initial boxes)	YES	N/A
Patient Identification -verbal, spell name, confirm birthdate, hospital #, check ID bracelet		
Allergy Band correct		
Surgical Consent complete/MOST (Surgical Resuscitation Order) reviewed		
Group and Screen valid and Blood Consent/Refusal complete		
Prophylactic Antibiotic on call/started		
NPO Status verified		
Operative site marked by surgeon with initials		
OR Checklist completed by: _____ time _____		

HOW TO USE THIS CHECKLIST:

1. THE SENDING UNIT:

- This checklist shall be used for all same day admits (SDA) and inpatients (IN) coming for surgery.
- The nurse assigned to the care of the patient will verify that all items listed under "Pre-Operative Checklist" have been completed prior to sending patient to the operating room.
- As each item is completed, the responsible nurse will initial the corresponding box on the right in the "Yes", "No", or "N/A" box.
- Do not use shaded boxes to initial.
- If more than one choice is available, circle the applicable choice.
- All items listed must have an initial in the appropriate column.
- The name of the responsible nurse must appear in legible writing in the "Checklist verified by" space. This is to facilitate referral of any questions that may be asked regarding the pre-operative preparation.
- A section for comments is provided to list dental work and/or prosthesis if necessary and any other information to be communicated to OR
- ** Complete chart means that all pertinent flow sheets, MAR, admission record, old chart or scanned record are available and/or sent with the patient to the operating room. A minimum of 20 labels are needed for the OR paperwork and specimens.
- Document the IV insertion on this record if it is not documented elsewhere
- If no glucometer ordered/appropriate, document as N/A in Vital Signs section.