

# DEDER GENERAL HOSPITAL

## Preoperative conference checklist

Date:\_\_\_/\_\_\_/\_\_\_

Patient Full Name:	Implant (s)    N/A <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Specifics	Remark												
Patient MRN	Pertinent Lab Results													
Names & Roles of Team Members  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;"><u>Name</u></th> <th style="width: 50%; text-align: left;"><u>Roles of Team Members</u></th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td></tr> </tbody> </table>	<u>Name</u>	<u>Roles of Team Members</u>	1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____	5. _____	_____	Risk of >500 ml Blood Loss <input type="checkbox"/> No <input type="checkbox"/> Yes, and adequate IV access and fluids planned, and blood availability confirmed  If Yes, Screen Type & Cross match	
<u>Name</u>	<u>Roles of Team Members</u>													
1. _____	_____													
2. _____	_____													
3. _____	_____													
4. _____	_____													
5. _____	_____													
Procedure or surgical site marked or on wristband	Need for prophylactic antibiotics Yes <input type="checkbox"/> N/A <input type="checkbox"/>													
Laterality/Side: Left/ Right	DVT Prophylaxis: Yes <input type="checkbox"/> N/A <input type="checkbox"/>													
Known Allergy  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Anticipated Critical Events:  Surgeon _____ Anesthesia _____ Nursing _____													
Anesthesia type Difficult Airway  Yes <input type="checkbox"/> No <input type="checkbox"/>  Aspiration Risk? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, equipment & assistance available _____ Safety check completed pulse oximetry _____	Post-operative disposition & bed availability													
Instruments and special equipment  N/A <input type="checkbox"/> YES <input type="checkbox"/> if yes specify	Other													