

UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY
AND CHILDREN



NAME OF HEALTH FACILITY

PRE-OPERATIVE CHECKLIST

Hospital Reg. Number.....
Surname.....
First Name..... Middle Name
Age.....Sex.....M/F
Religion.....Tribe.....Ward/Unit.....

Date of Admission..... Diagnosis.....

No.	Contents	YES	NO	NA
1	Right Patient for right procedure verification (Verify on file and bands; three names of patients, registration number, age, sex, procedure to be done)			
2	Consent form signed – Countercheck / confirm whether the signed consent form - is well understood			
3	Vital signs taken immediately before brought to Theater			
4	Blood grouping and cross matching results is available			
5	Hemoglobin level is known/results			
6	Pre-operative medication given			
7	Fasting time			
8	Pre-operative skin preparation? (body hygiene)			
9	Operative site marked? with color or Draper			
10	Loose teeth			
11	Dentures, crowns and bridges removed			
12	Any prosthesis			
13	Jewelry removed and rings tapped (If cannot be removed easily)			
14	Patient's personal valuables secured			
15	Cosmetics and clothing removed (Nail polish as we have to observe cyanosis			
16	Case notes accompanied with patient			
17	Investigative reports e.g. Radiological reports accompanied with patient			
18	Any allergic reaction reported			
19	Last urine voiding time recorded			
20	Bowel opened			
21	Bowel cleared			
22	Checklist completed			
23	Special Information (if any).....			
24	Check list done by Name.....Designation.....Signature.....			
25	Patient escorted by Designation Signature.....time.....		Patient received by Designation Signature.....time.....	