Tasmania

Department of Health and Human Services

PRE-ADMISSION CHECKLIST

LAUNCESTON GENERAL HOSPITAL

M.R.N.										

SURNAME ..... D.O.B .....

OTHER NAMES .....

SEX

OPERATION: .....

SURGEON: .....

PRE ADMISSION DATE: ..... ADMISSION / OP DATE: .....

OBSERVATIONS:

TEMP: ..... PULSE: ..... B/P: ..... O2 SATS: ..... WEIGHT: ..... HEIGHT: ..... BMI: .....

SpHb: ..... NECK CIRCUMFERENCE: .....

CONSULTS & REFERRALS:

RN	❑	PHYSIO	❑
ANAESTHETIST	❑	DIETICIAN	❑
INTENSIVIST	❑	OCCUPATIONAL THERAPY	❑
RMO	❑	SOCIAL WORK	❑
ORTHOPAEDIC NURSE	❑	G/P	❑
STOMAL THERAPIST	❑	CARDIOLOGY	❑
BREAST CARE NURSE	❑	INTERPRETER	❑ Language .....
BREAST CANCER SUPPORT TEAM	❑	OTHER	❑ .....

INVESTIGATIONS:

FBE	❑	MSU	❑
U & E	❑	ECG	❑
LFT	❑	X RAYS	❑ .....
COAGS	❑	ECHO	❑ .....
GRP & SCR / HOLD	❑	SESTIMIBI STRESS TEST	❑ .....
X MATCH	❑	OTHER	
Ca/Mg/PO4	❑	.....	
TFT / TSH	❑	.....	
MRSA SCR	❑	.....	

PREOPERATIVE PREPARATION:

CONSENT COMPLETED YES ❑ NO ❑ .....

ALLERGIES / ALERTS: .....

DIABETIC	NO	❑	YES	❑	>	TYPE 1 ❑	TYPE 2 ❑	PLAN		
PACEMAKER INSITU	N/A	❑	YES	❑	>	DATE CHECKED				
ON CPAP	N/A	❑	YES	❑	>	PATIENT INSTRUCTED TO BRING TO HOSPITAL ❑				
PREMED ORDERED	NO	❑	YES	❑	>	.....				
ICU / HDU BED REQUIRED	NO	❑	YES	❑	>	REQUEST FAXED ❑				
THEATRE EQUIPMENT ORDERED	N/A	❑	YES	❑	>	EMAIL SENT TO THEATRE MANAGER ❑				
MEDICAL CERTIFICATE REQUIRED	N/A	❑	YES	❑						

ADMISSION INFORMATION, EDUCATION AND MEDICATION MANAGEMENT

ADMISSION INFORMATION GIVEN TO PATIENT		❑	OPERATION BROCHURE	❑		
ANAESTHETIC BROCHURE		❑	POST OP EDUCATION DISCUSSED WITH PATIENT	❑		
FALLS RISK ASSESSMENT (16AE) COMMENCED	N/A	❑	YES ❑	>	DISCUSSED WITH PT	YES ❑
PRE OP MEDICATION MANAGEMENT DISCUSSED WITH PT	N/A	❑	YES ❑			

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