Your Hospital's Logo Here

PRE-OPERATIVE CHECKLIST

PATIENT IDENTIFICATION

SENT TO OR BY:	DATE:	TRANSPORTED BY:	TIME:

ITEMS TO BE CHECKED	YES	NO	N/A	EXPLAIN "NO" ANSWER	INITIALS
1. Pre-Op Teaching					
2. Seen by Anesthesia					
3. ID Band					
4. Fall Precaution Band					
5. Allergy List / Allergy Band					
6. Type / Screen / Cross (if order) a. Blood Band / Consent					
7. Signed Operative Consent					
8. History & Physical					
9. CBC					
10. Other Pre-Op Labs (if ordered)					
11. EKG					
12. X-Ray Report (if ordered)					
13. Old Chart (if requested)					
14. Isolation (what type)					
15. VITAL SIGNS	**T:**	**P:**	**R:**	**BP:**	
16. NPO					
17. Personal Care Provided					
18. * Dentures Removed					
19. * Eyeglasses / Contacts Removed					
20. * Hearing Aid Removed					
21. * Jewelry Removed / Taped					
22. * All Hairpieces / Pins Removed					
23. * Body Piercing Removed or Refusal Form Completed					
24. Voided in Last Hour					
25. Pacemaker / Graft / Defib					
24. MAR, Chart, Stickers					

*** = ALL ITEMS REMOVED MUST BE LABELED, PLACED IN APPROPRIATE CONTAINER, AND PROPERLY SECURED.**

Bed	Resp Isolation:	IV:	IV Pump:	O2:	Special Equipment	Pre-Op Med:
☐ Bed	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Bed w/ Traction	☐ No	☐ No	☐ No	☐ No	☐ No	☐ No
☐ Stretcher					☐ Type:_____	

PART OF THE MEDICAL RECORD