To be completed 24 hours prior to surgery

INSTRUCTIONS: Indicate that the task has been completed or the proper form is on the chart by initializing the item. Place NA in the column if item does not apply. Sign full name and title at bottom of page. Complete new form for each surgery procedure date.

REVIEW MEDICAL RECORD AND PHYSICIAN’S ORDER:

1. History and Physical completed and in chart ................................................................. 1. ___
2. Laboratory studies/Reports in chart .................................................................................. 2. ___
3. EKG report in chart ........................................................................................................... 3. ___
4. Chest X-ray report in chart ............................................................................................... 4. ___
5. Operative Permit completed, signed, & witnessed in chart ............................................ 5. ___
   Patient Affirmation  Witness Affirmation  Physician Attestation
6. Anesthesia Permit completed, signed, & witnessed in chart ........................................... 6. ___
   Patient Affirmation  Witness Affirmation  Physician Attestation
7. Consent for blood transfusion completed, signed, & witnessed in chart ........................ 7. ___
   Patient Affirmation  Witness Affirmation  Physician Attestation
8. Medication Reconciliation Form Completed & Signed .................................................... 8. ___
9. 4 pages of labels .............................................................................................................. 9. ___

PREOPERATIVE PREPARATION:

1. Identification bracelet accurate and affixed to wrist or ankle prior to transport ............ 1. ___
2. Allergies checked, allergies bracelet on and allergy sticker on chart ................................. 2. ___
3. Isolation label on chart ................................................................................................... 3. ___
4. Jewelry, hairpieces, hairpins, contact lenses, glasses, prosthesis, underwear, money removed . 4. ___
5. Vital signs taken and recorded ......................................................................................... 5. ___
   Time taken_________    BP_________    Temp_______    HR_______    Resp_______    FS_______ 6. ___
   Other:_____________________________________________
   Removed:  Sent Home  Left at bedside
   Left in place as requested by:  Anesthesiologist  Patient
7. Patient NPO  yes since ________  no ............................................................................ 7. ___
   If no: O.R. notified (Time) _______ (Whom) ....................................................................
8. Medication sheets on chart ............................................................................................... 8. ___
9. Most recent nursing assessment attached ........................................................................ 9. ___
10. Report called to ____________________________________ at________________ (time) ........ 10. ___

INITIALS  SIGNATURE AND TITLE  INITIALS  SIGNATURE AND TITLE

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

NURSING PREOPERATIVE CHECKLIST

75-041 (12/06)