

# OPERATING ROOM CHECKLIST

Patient Name \_\_\_\_\_ DOS: \_\_\_\_\_

Pt. Arrival time: \_\_\_\_\_ Pt Pre-Mark time: \_\_\_\_\_ Call M.D. time: \_\_\_\_\_

Procedure \_\_\_\_\_

Anesthesia: Local Sedation LMA ETT

## FROM THE DAY OF CONSULTATION UNTIL THE DAY BEFORE SURGERY

- Previous records requested \_\_\_\_\_ obtained \_\_\_\_\_ reviewed \_\_\_\_\_
- Medical "issues" to be cleared B4 surgery: \_\_\_\_\_
- Findings w/review previous sed/anesth records \_\_\_\_\_

- Alcohol use: How much/often? \_\_\_\_\_
- Chronic pain meds: Which and how often? \_\_\_\_\_
- Tobacco use: When and How many packs/day? \_\_\_\_\_
- Drug and chemical abuse: When and Which? \_\_\_\_\_

- Previous anesth problems in past surg? \_\_\_\_\_
- Previous anesth problem in family member? \_\_\_\_\_
- Needle Anxiety? \_\_\_\_\_ Over Sedation? \_\_\_\_\_ Under Sedation? \_\_\_\_\_

- Anxiety meds? \_\_\_\_\_ Sleeping meds? \_\_\_\_\_
- Asthma meds? \_\_\_\_\_ Diabetic meds? \_\_\_\_\_
- Diet medications? \_\_\_\_\_ GE Reflux meds? \_\_\_\_\_
- Low/High B.P. meds? \_\_\_\_\_ Psychiatric medications? \_\_\_\_\_
- ASA/Plavix meds? \_\_\_\_\_ MAOI inhibitor meds? \_\_\_\_\_

- Antibiotic allergy? \_\_\_\_\_ Rash only? \_\_\_\_\_ or Anaphylaxis \_\_\_\_\_
- Alternative antibiotics? \_\_\_\_\_
- Iodine/shellfish allergy? \_\_\_\_\_ Epinephrine sensitivity? \_\_\_\_\_
- Latex allergy? Gloves only \_\_\_\_\_ or Anaphylaxis: \_\_\_\_\_
- Hx OF MRSA: Nasal Swap prn: \_\_\_\_\_ I.D. Consult prn: \_\_\_\_\_
- MRSA PROTOCOL: Nasal Swap PRN \_\_\_\_\_ Hibiclens: \_\_\_\_\_ Mupirocin: \_\_\_\_\_

- MALIGNANT HYPERTHERMIA EVAL FORM COMPLETED** \_\_\_\_\_
- DVT Risk sheet completed** \_\_\_\_\_ Hx of DVT \_\_\_\_\_ Hx of P.E. \_\_\_\_\_
- Anesth Assessment: Local: \_\_\_\_\_ Sed: \_\_\_\_\_ G/A: \_\_\_\_\_
- Surg Loc Assessment: Office: \_\_\_\_\_ Pen: \_\_\_\_\_ Mills: \_\_\_\_\_

- Hx of Glaucoma/Cataracts/Dry Eye/Lasik Surgery? \_\_\_\_\_
- Hx of sleep apnea? \_\_\_\_\_ Uses CPAP mask? \_\_\_\_\_
- Hx of prior abd surgery/lipo? \_\_\_\_\_ Hx of back pain/surgery \_\_\_\_\_

- Confirm photos taken & in file: \_\_\_\_\_ Confirm pt arrival time: \_\_\_\_\_
- Confirm Rx received: \_\_\_\_\_ Confirm H & P / Labs / Med Clearance: \_\_\_\_\_
- Confirm Staffing: RN: \_\_\_\_\_ Anesth \_\_\_\_\_

- ABD: Garment Size \_\_\_\_\_ Binder Size \_\_\_\_\_ Foley \_\_\_\_\_
- LIPO: Tumesc. Liters \_\_\_\_\_ Garment Size \_\_\_\_\_ Foley \_\_\_\_\_
- BREAST: IMPL SIZES \_\_\_\_\_ CHIN/NECK: Garment Size: \_\_\_\_\_

- PSYCH EVALUATION FORM COMPLETED:** \_\_\_\_\_

## DAY OF SURGERY BEFORE ENTERING THE OPERATING ROOM

- Camera in pre-op with card in place and batteries replaced
- NPO status confirmed
- Pre op BP \_\_\_\_\_ Pulse \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_
- Med Allergy noted: \_\_\_\_\_ Explain: \_\_\_\_\_
- H & P reviewed (including routine meds) & Anesthesia pre-op form reviewed
- Screening tests reviewed (EKG, labs) and Pregnancy test PRN
- Consent details reviewed
- Post-op appts sheet completed
- Noted: Past anesthesia problems: \_\_\_\_\_
- Noted: Smoker \_\_\_\_\_ HTN \_\_\_\_\_ ETOH \_\_\_\_\_
- Noted: Past surg's within operative zone: \_\_\_\_\_
- Confirm Prn Garment \_\_\_\_\_ Implants \_\_\_\_\_
- Confirm Fluids/Equipment/Injectables available
- PO meds given: Valium, Emend, Pepcid, Antibiotics
- PRE-SURGICAL TEAM CONFERENCE: REVIEW surgical plan**
- Patient voided and removed all jewelry
- "Coast Clear" confirmed B4 patient transfer from holding area**

## IN THE OPERATING ROOM BEFORE THE INCISION IS MADE

- IV antibiotic given **1 hour pre-incision** TIME GIVEN: \_\_\_\_
- Consent form posted and photos displayed
- Bovie setup
- Monitors: EKG \_\_\_\_\_ B/P \_\_\_\_\_ O2 \_\_\_\_\_ CO2 \_\_\_\_\_
- Compression boots \_\_\_\_\_ Bair Hugger \_\_\_\_\_
- Pillow under knees
- Place Foley with face and abdomen
- AUGMENTATION: Nipples marked before prep**
- BREAST REDUCTION: Markings scratched before prep**
- ABDOMINOPLASTY: Pubis shaved, foley placed, deep clean umbro**
- FACELIFT: Deep clean of ear canals/postauricular creases**
- BLEPHAROPLASTY: Eye drops given**
- RHINOPLASTY: Local anesthesia placed before prep**
- PRE-INCISION SURGICAL PAUSE: name/procedures/allergies/ notable History: smoker, dry eye, \_\_\_\_\_**

## DURING THE OPERATION

- Call patient's family at start of surgery and q 1.5 hours
- Check patient's arm and leg position after every bed position adjustment
- Path specimen obtained and correctly labeled

## BEFORE THE WOUND IS CLOSED

- PRE-CLOSURE PAUSE: Consent checked/needle & sponge count confirmed/marcaine injected prn breast & abdomen/ \_\_\_\_\_**

## AFTER THE WOUND IS CLOSED

- Final IV meds given prn—(eg. Zofran, Decadron)
- Earplugs and/or eye shields removed
- POST-SURGICAL TEAM CONFERENCE: REVIEW any post-op issues**

## AFTER THE SURGERY

- Surgeon to call family/caregiver immediately postoperatively.**
- D/C instructions and appointment given to patient and family
- PO fluids given
- Ice to operative sites applied prn
- PRE-DISCHARGE MEETING: Final status check & postop review**
- Narcotics drawer locked and key put away
- Turn off** monitoring equipment and oxygen and back door **locked**

## AT DISCHARGE

- Patient bag/medications given (including narcotics from fridge)**
- Post op appointment date: \_\_\_/\_\_\_/\_\_\_ and TIME: \_\_\_\_
- Discharge Info:
  - Anticipated Pick-up Time: \_\_\_\_\_
  - Transport Contact Info:
    - Name \_\_\_\_\_ Relationship to Pt. \_\_\_\_\_
    - Contact #'s: \_\_\_\_\_
    - Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Office: \_\_\_\_\_

## MORNING and FIRST 2 DAYS after SURGERY

- Office staff rotation to "phone check" patient re:
  - Confirm application of ice to operative site
  - Confirm understands medicine regimen
  - Confirm re-start of anti-hypertensive medications
  - Confirm date of first postop visit
  - Confirm all questions answered & needs addressed