

OPERATING ROOM CHECKLIST

Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ DOS: \_\_\_\_\_  
Procedure \_\_\_\_\_  
Pt arrival time: \_\_\_\_\_ Pt Pre-Mark time: \_\_\_\_\_ Call M.D. time: \_\_\_\_\_  
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 before 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: \_\_\_\_\_

Prev anesth Px's \_\_\_\_\_ H.O. Carsickness \_\_\_\_\_ Eye Phobia \_\_\_\_\_  
 AnesthPx's (family member) \_\_\_\_\_ H.O. Extra Local \_\_\_\_\_ P.O.N.V. \_\_\_\_\_  
 Needle Anxiety: \_\_\_\_\_ Claustro: \_\_\_\_\_ Over Sed: \_\_\_\_\_ Under Sed: \_\_\_\_\_

Anxiety Meds \_\_\_\_\_ Sleeping meds \_\_\_\_\_  
 Asthma Meds \_\_\_\_\_ Diabetic meds \_\_\_\_\_  
 Diet Medications \_\_\_\_\_ GE Reflux \_\_\_\_\_  
 Low/High B.P. meds \_\_\_\_\_ Psych meds \_\_\_\_\_ MAO meds: \_\_\_\_\_  
 ASA/Plavix meds: \_\_\_\_\_ Birth Control: \_\_\_\_\_

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

MALIGNANT HYPERTHERMIA Eval form completed \_\_\_\_\_ AUGMENT REVIS: Implant Hx 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: \_\_\_\_\_ Younger Photo recorded: \_\_\_\_\_ Conf pt arrival time: \_\_\_\_\_  
 Confirm Rx received: \_\_\_\_\_ Confirm Med Clearance: H&P \_\_\_\_\_ Labs \_\_\_\_\_ EKG \_\_\_\_\_  
 Confirm Staffing: RN: \_\_\_\_\_ Anesth: \_\_\_\_\_

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

PATIENT PSYCH EVALUATION FORM COMPLETED: Score \_\_\_\_\_ /10  
Sign off here > \_\_\_\_\_ / \_\_\_\_\_

**DAY OF SURGERY BEFORE ENTERING THE OPERATING ROOM**

<input type="checkbox"/>	Camera in holding room with card in place and batteries replaced
<input type="checkbox"/>	<b>NPO status confirmed/Non-smoking status confirmed</b>
<input type="checkbox"/>	Pre op BP _____ Pulse _____ WT _____ HT _____
<input type="checkbox"/>	Med/Iodine Allergy noted: _____ Explain: _____
<input type="checkbox"/>	H & P reviewed (including routine meds) & Anesthesia Pre Op form reviewed
<input type="checkbox"/>	Screening tests reviewed (EKG, labs) and Pregnancy test prn
<input type="checkbox"/>	Consent details reviewed
<input type="checkbox"/>	<b>POSTOP FORM COMPLETED: Contacts for pickup/aftercare and post-op appt.</b>
<input type="checkbox"/>	Noted: Past anesthesia problems: _____
<input type="checkbox"/>	Noted: Smoker _____ HTN _____ ETOH _____
<input type="checkbox"/>	Noted: Past surgeries with operative zone: _____
<input type="checkbox"/>	Confirm Prn Garment _____ Implants _____
<input type="checkbox"/>	Confirm Fluids/Equipment/Injectables available
<input type="checkbox"/>	PO meds given: Valium, Emend, Pepcid, Antibiotics
<input type="checkbox"/>	<b>PRE-OP RM CHECKLIST COMPLETED: Monitor/Velcro/Heat/Music/Call-button</b>
<input type="checkbox"/>	<b>PRE-SURGICAL TEAM CONFERENCE – REVIEW: name/procedure/allergies/notable history: smoker, dry eye</b>
<input type="checkbox"/>	Patient voided and removed all jewelry
<input type="checkbox"/>	<b>"Coast Clear" confirmed before patient transfer from holding area</b>
<b>Sign/Co-Sign here &gt; _____ / _____</b>	

**IN THE OPERATION ROOM BEFORE THE INCISION IS MADE**

<input type="checkbox"/>	IV antibiotic given 1 hour pre-incision	TIME GIVEN: _____
<input type="checkbox"/>	Steroids given	
<input type="checkbox"/>	Consent form posted and photos displayed	
<input type="checkbox"/>	Bovie setup	
<input type="checkbox"/>	Monitors: EKG _____ B/P _____ O2 _____ CO2 _____	
<input type="checkbox"/>	Compression boots _____ Bair Hugger _____	
<input type="checkbox"/>	Pillow under knees	
<input type="checkbox"/>	Place Foley with face abdomen	
<input type="checkbox"/>	<b>AUGMENTATION: Nipples marked before prep – Use Chloroprep only</b>	
<input type="checkbox"/>	<b>BREAST REDUCTION: Markings scratched before prep – Use Chloroprep only</b>	
<input type="checkbox"/>	<b>ABDOMINOPLASTY: Pubis shaved, Foley placed, deep clean umbo before prep</b>	
<input type="checkbox"/>	<b>FACELIFT: Deep Clean of ear canals/postauricular creases before prep – Insert EYESHIELDS</b>	
<input type="checkbox"/>	<b>BLEPHAROPLASTY: Eye drops given/lower eyelid xylocaine placed before prep – Insert EYESHIELDS</b>	
<input type="checkbox"/>	<b>RHINOPLASTY: Local anesthesia placed before prep – Insert EYESHIELDS</b>	
<input type="checkbox"/>	<b>PRE-INCISION CHECKLIST CONFIRMATION:</b>	
<b>Sign/Co-Sign here &gt; _____ / _____</b>		

**DURING THE OPERATION**

<b>Sign and Co-Sign below</b>			
<input type="checkbox"/>	Call patient's family at start of surgery and q 1.0 hour	_____ / _____ / _____ / _____	
<input type="checkbox"/>	Check patient's arm and leg position after every bed position adjustment	_____ / _____ / _____ / _____	
<input type="checkbox"/>	Path specimen obtained and correctly labeled	_____ / _____	

**BEFORE THE WOUND IS CLOSED**

<input type="checkbox"/>	<b>PRE-CLOSURE PAUSE: Consent checked/needle &amp; sponge count confirmed/ Marcaine injected prn breast &amp; abdomen</b>
<b>Sign/Co-Sign here &gt; _____ / _____</b>	

**AFTER THE WOUND IS CLOSED**

- Final IV meds given prn – (eg. Zofran, Decadron)
- Earplugs and/or eye shield removed
- Steroids given
- POST-SURGICAL TEAM CONFERENCE: REVIEW any post-op issues** Sign/Co-Sign here > /

**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 Sign/Co-Sign here > /

**AT DISCHARGE**

- Patient bag/medications given (including narcotics from fridge)
- Post op appointment date: \_\_\_\_\_ Time: \_\_\_\_\_
- POSTOP FORM COMPLETED: Final status check & postop appt**
- Dr. Rosenfield completed discharge visit/exam** Sign/Co-Sign here > /

**MORNING AFTER UNTIL DAY OF SUTURE REMOVAL**

- Office member rotate 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

**Legend:**

Critical Pauses

Patient Coordinator

Front Desk Manager

Scrub Tech

O.R. Nurse