|  |
| --- |
| 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/HighB.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** |
|  |
| [ ]  | Camera in holding room with card in place and batteries replaced |
| [ ]  | NPO status confirmed/Non-smoking status confirmed |
| [ ]  | Pre op BP |  | Pulse |  | WT |  | HT |  |
| [ ]  | Med/Iodine 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 |
| [ ]  | POSTOP FORM COMPLETED: Contacts for pickup/aftercare and post-op appt. |
| [ ]  | Noted: Past anesthesia problems: |  |
| [ ]  | Noted: Smoker |  | HTN |  | ETOH |  |
| [ ]  | Noted: Past surgeries with operative zone: |  |
| [ ]  | Confirm Prn Garment |  | Implants  |  |
| [ ]  | Confirm Fluids/Equipment/Injectables available |
| [ ]  | PO meds given: Valium, Emend, Pepcid, Antibiotics |
| [ ]  | PRE-OP RM CHECKLIST COMPLETED: Monitor/Velcro/Heat/Music/Call-button |
| [ ]  | PRE-SURGICAL TEAM CONFERENCE – REVIEW: name/procedure/allergies/notable history: smoker, dry eye |
| [ ]  | Patient voided and removed all jewelry |
| [ ]  | "Coast Clear" confirmed before patient transfer from holding area |
|  | **Sign/Co-Sign here >** |  | / |  |
|  |
| **IN THE OPERATION ROOM BEFORE THE INCISION IS MADE** |
|  |
| [ ]  | IV antibiotic given 1 hour pre-incision TIME GIVEN: |  |
| [ ]  | Steroids 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 abdomen |
| [ ]  | AUGMENTATION: Nipples marked before prep – Use **Chloroprep only** |
| [ ]  | BREAST REDUCTION: Markings scratched before prep – Use **Chloroprep only** |
| [ ]  | ABDOMINOPLASTY: Pubis shaved, Foley placed, deep clean umbo before prep |
| [ ]  | FACELIFT: Deep Clean of ear canals/postauricular creases before prep – *Insert Eyeshields* |
| [ ]  | BLEPHAROPLASTY: Eye drops given/lower eyelid xylocaine placed before prep – *Insert Eyeshields* |
| [ ]  | RHINOPLASTY: Local anesthesia placed before prep – *Insert Eyeshields* |
| [ ]  | PRE-INCISION CHECKLIST CONFIRMATION: |
|  |  **Sign/Co-Sign here >** |  | / |  |
|  |  |
|  |
| **DURING THE OPERATION** |
|  **Sign and Co-Sign below** |
| [ ]  | Call patient’s family at start of surgery and q 1.0 hour |  | / |  | / |  | / |  |
| [ ]  | 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 |  |
|  |  **Sign/Co-Sign here >** |  | / |  |
|  |
| **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 |
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