

McLaren Print System Order

Order No: 8640
 Order Date: 2015-02-01
 User: Robin Lutz
 Phone: 342-2616

Ship Location: 9 south McLaren Flint
 401 S. Ballenger Hwy.
 Flint, MI 48433

Forms

Quantity: 100
 Paragon Dept No: 20410
 Dept Name: PCU
 Company Number: 60

Order Total Price: 0.00

Item Number: 17617
 Item Description: Pre Operative / Cathlab Checklist
 Revision Date: 6/2012
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

**McLAREN FLINT
FLINT, MICHIGAN**

PRE OPERATIVE CATHLAB CHECKLIST

PATIENT IDENTIFICATION

Pre Op Checklist

<input type="checkbox"/> Consent signed (Priority written administration) <input type="checkbox"/> Blood products addressed (transfusion consent) <input type="checkbox"/> OI based on and verified <input type="checkbox"/> B-P on chart <input type="checkbox"/> Premeds given as ordered (Time) (Indicate time if not given) <input type="checkbox"/> N/A on chart (if applicable) <input type="checkbox"/> Allergy based on <input type="checkbox"/> Pre-op prep on chart <input type="checkbox"/> On an ABG	RN _____ <input type="checkbox"/> Allergies _____ <input type="checkbox"/> NPO status _____ <input type="checkbox"/> OI (AQ) sheet given to surgical patients ONLY <input type="checkbox"/> All stickers on chart <input type="checkbox"/> Statistic cardiac or pulmonary clearance if ordered (Indicate on chart) <input type="checkbox"/> Discharge med on form on chart <input type="checkbox"/> Any Prep completed as ordered
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Personal Items

<input type="checkbox"/> Patient bathed with Chlorhexidine prep and all adhesive residue removed from chest <input type="checkbox"/> Dentures, contacts, glasses, necklace, body jewelry, nail polish, undergarments REMOVED <input type="checkbox"/> Shave/trim <input type="checkbox"/> Cleaning and ECG to OR with patient Y _____ N _____ <input type="checkbox"/> Jewelry notified _____ Contact number _____	Evaluation: <input type="checkbox"/> No <input type="checkbox"/> Yes Type: <input type="checkbox"/> Routine
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Lab Work (within 30 days; 7 days for Cardiac patients- printed copies on chart)

<input type="checkbox"/> ANGIOBIOLOGY CALLED NO SURGICAL <input type="checkbox"/> BMP <input type="checkbox"/> CBC <input type="checkbox"/> CPPT	<input type="checkbox"/> UA <input type="checkbox"/> Diabetic glucose <input type="checkbox"/> @ result <input type="checkbox"/> Hgb/Hct (if available)	<input type="checkbox"/> B & C per anesthesiology orders <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Urine (with Lab hours)
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Diagnostic tests (Current within 6 months; 30 days for Cardiac patients- printed copies on chart)

<input type="checkbox"/> ECG <input type="checkbox"/> EKG <input type="checkbox"/> Studies (last test) (Print Studies Lab on chart)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Test Name</th> <th>Date</th> <th>Time</th> <th>Site (I/II/III)</th> </tr> <tr> <td>ECG</td> <td>____/____/____</td> <td>____:____</td> <td>____</td> </tr> <tr> <td>ECG</td> <td>____/____/____</td> <td>____:____</td> <td>____</td> </tr> <tr> <td>ECG</td> <td>____/____/____</td> <td>____:____</td> <td>____</td> </tr> </table>	Test Name	Date	Time	Site (I/II/III)	ECG	____/____/____	____:____	____	ECG	____/____/____	____:____	____	ECG	____/____/____	____:____	____
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