

McLaren Flint
PRE OPERATIVE /CATHLAB CHECKLIST

Pre Op Checklist

- | | |
|---|---|
| <input type="checkbox"/> Consent signed (Properly written/no abbreviations)
<input type="checkbox"/> Blood products addressed (Boxes checked on permit)
<input type="checkbox"/> ID band on and verified
<input type="checkbox"/> H &P on chart
<input type="checkbox"/> PO meds given as ordered *Time _____ (including beta blocker if applicable)
<input type="checkbox"/> Patent IV with fluids running AND on an IMED
<input type="checkbox"/> Ht. _____ Wt. _____ | <input type="checkbox"/> Allergies (with allergy band on) _____
<input type="checkbox"/> NPO since _____
<input type="checkbox"/> SSI FAQ sheet given to surgical patient ONLY
<input type="checkbox"/> 40 stickers on chart
<input type="checkbox"/> Medical, cardiac or pulmonary clearance if ordered (printed and on chart)
<input type="checkbox"/> Inpatient med rec form on chart
<input type="checkbox"/> Any prep completed as ordered.
<input type="checkbox"/> For Cardiac Cath/PCI patient: Verify needs, with Cardiologist, to withhold ACE inhibitors, ARBS, NSAIDS, Glucophage, and Diuretics 48 hours pre-procedure |
|---|---|

Personal Items

- Patient bathed with Chlorhexadine prep and all adhesive residue removed from chest.
- Dentures, contacts, glasses, makeup, body jewelry, nail polish, undergarments **REMOVED**
- Prosthesis
- Hearing aid R _____ L _____ to OR with patient Y _____ N _____
- Family notified _____ Contact number _____

Name

Isolation: No Yes
 Type/Location: _____

Pre Op lab work and results on chart (within 30 days; 7 days for Cardiac patients – printed copies on chart)

- | | |
|---|---|
| <input type="checkbox"/> ABNORMAL CALLED TO SURGEON
<input type="checkbox"/> BMP
<input type="checkbox"/> CBC
<input type="checkbox"/> PT/PTT
<input type="checkbox"/> UA | <input type="checkbox"/> Diabetic glucose @ _____ result _____
<input type="checkbox"/> HgbA1C (if available)
<input type="checkbox"/> T&S/T&C _____ N/A (*see below)
<input type="checkbox"/> Pregnancy test
<input type="checkbox"/> P2Y12 (Cath Lab Neuro) |
|---|---|

Validate pre op orders with printed lab results placed on chart (Current within 6 months; 10 days for Cardiac patient)

- CXR
- EKG
- Dialysis (Last run) _____
(post Dialysis Labs on chart)

Vital Signs Date: _____ **Time:** _____
 BP: _____ T: _____ o2: No Yes
 NC: _____ L: _____ Mask: _____ L: _____
 IV Sites: _____ (20g Minimum) _____ (if two)

*All procedures do not require a T&S (type and screen) and/or T&C (type and crossmatch). If it is checked on the preop orders or it is ordered by the surgeon or anesthesiologist, then complete this part of the checklist.
 Refer to "Order for T&S and T&C" table of procedures at bottom of ANESTHESIA ORDER SET AND GUIDELINES (found in Order Sets on the McLaren Flint intranet) for procedures that usually require transfusions, which would require an order for T&S and/or T&C.

RN Signature (Required)

Date (Required)

Time (required)



PT.
MR.#/P.M.
DR.