

Date	PATIENT SAFETY	PREOP MEDICATIONS	Patient Label
month: _____ day: _____ year: _____	Anes. Machine # <input type="checkbox"/> Checked <input type="checkbox"/> Safety belt on <input type="checkbox"/> Axillary roll <input type="checkbox"/> Armboard restraints <input type="checkbox"/> Arms tucked <input type="checkbox"/> Pressure pts. checked & padded Eye Care: <input type="checkbox"/> Ointment <input type="checkbox"/> Taped <input type="checkbox"/> Pads <input type="checkbox"/> Saline <input type="checkbox"/> Goggles Warming measures: <input type="checkbox"/> Hand Hygiene Performance <input type="checkbox"/> N/A; time <60 <input type="checkbox"/> Time out <input type="checkbox"/> Intentional hypothermia (eg cardiac) <input type="checkbox"/> Identified <input type="checkbox"/> N-W: temp >36 or warming measures <input type="checkbox"/> Chart Reviewed <input type="checkbox"/> Fluid <input type="checkbox"/> Blankets <input type="checkbox"/> Permit Signed <input type="checkbox"/> Forced air <input type="checkbox"/> Head cover	<input type="checkbox"/> BETA BLOCKER PROTOCOL LINES Location: Start: Stop: IV <input type="checkbox"/> Start: Stop: A-line <input type="checkbox"/> Start: Stop: CVC <input type="checkbox"/> Start: Stop: Swan <input type="checkbox"/> Start: Stop: CVC sterile <input type="checkbox"/> Cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics) technique: <input type="checkbox"/> Not followed Medical reason(s): <input type="checkbox"/> Time Out/Site Verified <input type="checkbox"/> Provider # _____	Anesthesia Type: <input type="checkbox"/> General <input type="checkbox"/> Regional <input type="checkbox"/> MAC Anes Start Induction Anes Stop Surgery Start Surgery Stop
O.R. #: _____	Transesophageal Echocardiography: <input type="checkbox"/> TEE Placement only <input type="checkbox"/> TEE Interpretation only <input type="checkbox"/> TEE Placement w/Interp Diagnostic Purpose: _____		

SURGEONS	DIAGNOSES	PROCEDURES

INDUCTION	AIRWAY MGMT	CIRCUIT	OTHER	BLADE	ATTEMPTS	LARINGOSCOPY GRADE	SECURED @	POSITION	TUBES	VITALS	REGIONAL	MONITORING	FLUIDS	REMARKS			
<input type="checkbox"/> Preoxygenation <input type="checkbox"/> IV Induction <input type="checkbox"/> Rapid seq <input type="checkbox"/> Cricoid press <input type="checkbox"/> Inhal induct	<input type="checkbox"/> Oxygen: nasal / mask <input type="checkbox"/> Airway: oral / nasal	<input type="checkbox"/> HME <input type="checkbox"/> SCCA Adult <input type="checkbox"/> SCCA Pediatric <input type="checkbox"/> Mapleson	<input type="checkbox"/> Mask GA <input type="checkbox"/> LMA # _____ <input type="checkbox"/> Intubation	Blade: _____ Tube Size: _____ Attempts: _____ Laryngoscopy Grade: 1 2 3 4 Secured @ _____cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Direct <input type="checkbox"/> Blind <input type="checkbox"/> RAE <input type="checkbox"/> Fiberoptic <input type="checkbox"/> Uncuffed <input type="checkbox"/> Cuffed <input type="checkbox"/> Leak @ _____cmH ₂ O <input type="checkbox"/> Cuff to Seal <input type="checkbox"/> BS Equal bilateral <input type="checkbox"/> EtCO ₂ present <input type="checkbox"/> Difficult airway <input type="checkbox"/> see REMARKS	<input type="checkbox"/> Oral <input type="checkbox"/> Blind <input type="checkbox"/> RAE <input type="checkbox"/> Fiberoptic <input type="checkbox"/> Uncuffed <input type="checkbox"/> Cuffed <input type="checkbox"/> Leak @ _____cmH ₂ O <input type="checkbox"/> Cuff to Seal <input type="checkbox"/> BS Equal bilateral <input type="checkbox"/> EtCO ₂ present <input type="checkbox"/> Difficult airway <input type="checkbox"/> see REMARKS	1 2 3 4 Secured @ _____cm	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Direct <input type="checkbox"/> Blind <input type="checkbox"/> RAE <input type="checkbox"/> Fiberoptic <input type="checkbox"/> Uncuffed <input type="checkbox"/> Cuffed <input type="checkbox"/> Leak @ _____cmH ₂ O <input type="checkbox"/> Cuff to Seal <input type="checkbox"/> BS Equal bilateral <input type="checkbox"/> EtCO ₂ present <input type="checkbox"/> Difficult airway <input type="checkbox"/> see REMARKS	<input type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> R/L Lateral <input type="checkbox"/> Beach Chair <input type="checkbox"/> Lithotomy <input type="checkbox"/> Left Uterine Displacement <input type="checkbox"/> NIBP <input type="checkbox"/> A-Line	<input type="checkbox"/> ECG Rhythm <input type="checkbox"/> O ₂ mon FIO ₂ <input type="checkbox"/> Pulse ox SpO ₂ <input type="checkbox"/> Capno EtCO ₂ <input type="checkbox"/> Steth Resp <input type="checkbox"/> Spirom Vt <input type="checkbox"/> PIP <input type="checkbox"/> Temp °C <input type="checkbox"/> NMB CVP mmHg PAP mmHg CO/SVO ₂ (L/min)/(%) NS (cc) LR (cc)	<input type="checkbox"/> Catheter <input type="checkbox"/> Parasthesias Yes No <input type="checkbox"/> CSF clear Free flow	Preinduction Vitals: B/P: _____ HR: _____ RR: _____ SpO ₂ : _____ Position: _____	<input type="checkbox"/> Spiral <input type="checkbox"/> Epidural <input type="checkbox"/> Branch plexus block <input type="checkbox"/> IV regional <input type="checkbox"/> Other _____ <input type="checkbox"/> Continuous block <input type="checkbox"/> For post-op pain only <input type="checkbox"/> at Surgeon's request <input type="checkbox"/> Ultrasound guided Start: _____ Stop: _____ Position: _____ <input type="checkbox"/> Sterile prep & technique Site: _____ Needle: _____ Attempts: _____ Drug/Dose: _____ Level: _____	Drug/Dose: _____ Time: _____ Drug/Dose: _____ Time: _____ Redose: _____ <input type="checkbox"/> Not Indicated <input type="checkbox"/> Correct Abx Confirmed <input type="checkbox"/> Not Given: <input type="checkbox"/> 1P (on abx) <input type="checkbox"/> 8P (ordered after incision)	Crystalloid _____ cc Colloid _____ cc Blood _____ cc EBL _____ cc Urine _____ cc	Time In: _____ Date: _____ Loc: <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> _____ <input type="checkbox"/> Report to RN BP: _____ P: _____ EKG: _____ RR: _____ SpO ₂ : _____ Temp: _____ Oxygen delivery: <input type="checkbox"/> Nasal <input type="checkbox"/> Mask <input type="checkbox"/> T-Piece <input type="checkbox"/> Vent: Mode: _____ Vt: _____ FIO ₂ : _____ Rate: _____ Airway: <input type="checkbox"/> Nasal <input type="checkbox"/> Oral <input type="checkbox"/> ETT <input type="checkbox"/> LMA <input type="checkbox"/> BBS equal/exchanging well Mental Status: <input type="checkbox"/> Consc. <input type="checkbox"/> Unconsc. <input type="checkbox"/> Responds to commands <input type="checkbox"/> Vocalizing <input type="checkbox"/> Sleepy <input type="checkbox"/> Reflexive	(l/m) (l/m) E(%) (mg) (mg) (mg) (mg) (mcg)	REMARKS

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CANCELLED CASE:	QUALIFYING CIRCUMSTANCES:	MEDICAL DIRECTION	ANESTHESIOLOGIST/PROVIDER:	RELIEF: (in/out times)
<input type="checkbox"/> Before induction <input type="checkbox"/> After induction	<input type="checkbox"/> Extreme Age <input type="checkbox"/> Hypothermia <input type="checkbox"/> Hypotension <input type="checkbox"/> One Lung Vent.	<input type="checkbox"/> Conducted preanesthesia evaluation & plan & post anesthesia care <input type="checkbox"/> Present for all key portions <input type="checkbox"/> Induction _____ Provider #: _____ <input type="checkbox"/> Emergence _____ Provider #: _____ <input type="checkbox"/> Frequent monitoring <input type="checkbox"/> Present & available for emergencies	RESIDENT CRNA/PROVIDER: SRNA	RELIEF: (in/out times)