McLaren
FLINT

PRE-OPERATIVE HOLDING AREA RECORD

☐ Arrival time in pre-op _____ Pt ready time _____

☐ Operative Permit signed

☐ History / Physical

☐ ID / Allergy Bracelet

☐ Dentures Removed: PARTIAL UPPER LOWER ☐NA

☐ Glasses / Contacts Removed ☐NA

☐ Prosthesis Removed Site _____ ☐NA

☐ Hearing Aid Removed ☐NA

☐ Body Piercing / Jewelry removed ☐NA

☐ Make-up / Nail Polish Removed ☐NA

☐ Operative Site Marked ☐ by physician ☐NA

☐ Clipper prep done Site _____ ☐NA

☐ Valuables: ☐ Family ☐ Cart

☐ Side Rails Up

☐ SCD Applied ☐NA

PATIENT BARRIERS:

☐none ☐cognitive ☐hearing ☐cultural ☐physical

☐language ☐reading ☐visual ☐religious ☐other:

Do not use ☐ right arm ☐ left arm ☐ No IV ☐ No BP

☐ Extremity Labelled ☐ Dialysis Shunt / Fistula ☐ Mastectomy

explain bariers marked:

DOMESTIC VIOLENCE ASSESSMENT:

☐ Yes ☐ No Have you recently been a victim of abuse or neglect?

Any "yes", initiate Family Violence Assessment *Init.* _____

IV INFORMATION:

IV Solution: ☐ 1000mL LR ☐ 500mL LR

Other: _____ ☐ Volutrol _____

Needle Gauge: ☐18ga ☐ 20ga ☐22ga

IV Site: _____ Attempts _____

Start Time: _____ Rate: _____ Initials: _____

PERTINENT INFORMATION

Vitals: BP _____ P _____ R_____ O_2Sat _____Temp _____

TIME OUT PROCEDURE

Time out Procedure done at: _____

☐ Correct Patient Identified ☐ Correct Side and Site

☐ Correct Patient Position ☐ Agreement on Procedure

☐ Availability of Correct Medication / Special Equipment

RN Signature: _____ Date: _____

Allergies: ☐ **No** ☐ **Yes** _____

Pain Scale: (none) 0 1 2 3 4 5 6 7 8 9 10 (extreme)

Location of pain:

Orientation:

NPO since:

Prep taken: Results:

☐ Void prior to OR

LAB RESULTS ON CHART: ☐ **NA**

☐PT / INR Result _____
(Normal Values PT 9.5-12.0, INR 0.9-1.2)

☐EKG

☐Pregnancy Test / UCG RESULT _____ ☐ NA _____

☐Glucometer Result _____
(Normal Values 70-125)

☐OTHER _____ Time Sent _____

☐Doctor / Anesthesia notified of abnormal tests / Vital Signs

PRE-OP ANTIBIOTICS: ☐**NA**

Ancef (Kefzol) 1gm / 2gm, IVPB _____

Cleocin 300mg / 600mg, IVPB _____

Vancomycin 1gm, IVPB _____

Gentamicin 80mg, IVPB / IM _____

Ampicillin 2gm, IVPB _____

Other _____

PRE-OP MEDICATIONS: ☐**NA**

Versed _____ mg IVP/PO _____

Decadron _____ mg IVP _____

Reglan _____ mg IVP/PO _____

Benadryl _____ mg IVP _____

Bicitra _____ mg PO _____

Robinul _____ mg IVP _____

Pepcid _____ mg IVP/PO _____

Dramamine _____ mg PO _____

Other: _____

Family at Bedside Pre-procedure ☐ **Yes** ☐ **No**

Name Phone

☐ Patient declined

CARE PLAN:	**OUTCOMES**
Patient will experience minimal anxiety.	☐ Yes ☐ No
Patient will understand and participate in a plan of care.	☐ Yes ☐ No
Patient will experience minimal pain/discomfort.	☐ Yes ☐ No

PT.

MR.#/RM.

DR.

PRE-OPERATIVE HOLDING AREA RECORD

17460 Rev.8/12

260B