

**Pre-Operative Checklist**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Pre-Operative Diagnosis: \_\_\_\_\_

Procedure to be Performed: \_\_\_\_\_

Operative Procedure (Circle One):      Emergent / Urgent / Elective

Case Classification (Circle One): Major / Minor      Date of Surgery: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PART 1. CLINICIAN WARD CHECKLIST**

Surgical Consent Signed?      YES / NO      Theatre List Completed?      YES / NO

Blood Ordered?      YES / NO      Blood Available?      YES / NO

Name of Consultant Responsible: \_\_\_\_\_

Pre-Operative Antibiotics Ordered?      YES / NO      Surgical Site Marked?      YES / NO

**PAST MEDICAL HISTORY**

Hypertension? YES / NO      HIV Status: Pos / Neg / N/A      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Diabetes? YES / NO

Other Medical History: \_\_\_\_\_

Medications: \_\_\_\_\_      Allergies: \_\_\_\_\_

**INVESTIGATIONS**

Positive Physical Exam Findings: \_\_\_\_\_

Blood Group: \_\_\_\_\_      Hemoglobin: \_\_\_\_\_      Urine Pregnancy Test: Pos / Neg

Radiologic Studies: \_\_\_\_\_

Urinalysis: \_\_\_\_\_      Other: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_      Signature: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PART 2. NURSES WARD CHECKLIST**

IV Access?      YES / NO      IV Fluid Running?      YES / NO

Foley Catheter in Place?      YES / NO      Pre-Operative Antibiotics Given?      YES / NO

Patient Clipped/Shaved?      YES / NO      Patient NPO past 6 hours?      YES / NO

Patient Jewelry Removed?      YES / NO      Patient in Hospital Gown:      YES / NO

Patient given chlorhexidine soap?      YES / NO      X-Ray sent with Patient?      YES / NO

Blood Pressure: \_\_\_\_ / \_\_\_\_      Heart Rate: \_\_\_\_ bpm      Temperature: \_\_\_\_ °C

Oxygen Saturation: \_\_\_\_      Respiratory Rate: \_\_\_\_ breaths/min      Measured Weight: \_\_\_\_ kg

Nurses' Name: \_\_\_\_\_      Signature: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PART 3. KETAMINE PROVIDER / ANESTHETIST WARD CHECKLIST**

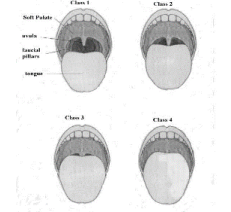
Surgical Consent Signed?      YES / NO      Blood Products Available?      YES / NO

Time Last Time Ate of Drank? \_\_\_\_\_      IV Access Functioning?      YES / NO

Dentures?      YES / NO      Missing/Loose Teeth?      YES / NO

Cardiac Status: Can the patient walk a flight of stairs without shortness of breath?      YES / NO

Type of Anesthesia? (circle one):      General Tracheal Intubation / Regional / MAC / Ketamine

<p><b>Mallampti Score</b> <b>Anesthetists Only</b> Circle One:</p>		<p><b>ASA Score</b> <b>Anesthetists Only</b> (circle one):</p>	Class 1. Normal Healthy
			Class 2. Mild Systemic Disease
			Class 3. Severe systemic disease limiting activity
			Class 4. Incapacitating disease –life threatening
			Class 5. Moribund Patient

Other Comments: \_\_\_\_\_

Ketamine / Anesthetist's Name: \_\_\_\_\_      Signature: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



