



Please place patient sticker here

Day of Surgery Check List
“Is your patient ready for surgery?”

- Admission Assessment Complete
- Family available for time of surgery and/or current contact info on chart
- Interpreter notified and available for time of surgery (if needed)
- H & P
- Labs, Urine Pregnancy Test (if needed)
- NPO Times verified
- Is patient on precautions? If yes, Type _____
Why? _____
- Medications/Chemo for OR (send down with the patient)
- Devices (ie. trachs/ obturators) if needed
- Transport equipment available and ready (Children <1 year old transport in **own crib** with O2 tank underneath and will come back in that crib)
- CHG Prep (if required)
- Patient in hospital gown- all jewelry out, no hair ties/clips/braids, nail polish off
- Undergarments removed and/or discussion with patient and family prior to transfer that they need to be removed prior to entering OR
- Pt. voided before transport
- Pre-op assessment/NPO times charted/ vital signs charted
- ID Band- (**Last, First Middle & DOB**) verified and on with allergy sticker if needed
- Chart and consent with patient
- Comments: _____

Press call light in Pre-Op room if receiving RN is not already in room

Weekdays 0600-2200
Monday-Friday
Pre-Op Charge
5-5620

OR Control Desk
5-6260

Weeknights 2200-0600 & Weekends
CRNA Charge
5-8287

*Please note – If the patient will be sedated by anesthesia for a procedure on the weekends/after hours, this form needs to be filled out along with the pre-op form.