



Creek General Hospital

SURGICAL CHECKLIST (to be filled by doctor)

INSTRUCTIONS

Check if completed if not complete

Procedure _____

Patient Name: _____
MR #: _____

	PRE-OPERATIVE DAY	Ward	OPERATIVE DAY		OR	POST OPERATIVE CHECK	Recovery
CONSENT ROUTINE DOCUMENT	Procedure Consent taken	<input type="checkbox"/>	Identification band checked Patient Folder (CT/MRI/Labs) Pt. understanding of surgery site & side Urine passed: Time _____ Hrs. Skin Preparation NPO since : _____ T____, P____/min, R____/min		<input type="checkbox"/>	Notes Completed	<input type="checkbox"/>
	History Physical examination Allergies Y/N T____,P____/min ,R____/min Blood Pressure _____mmHg Hep B/C : _____ Pre-op teaching done _____ Skin preparation: _____ Pre-op medication _____ High Risk Y/N: _____ Tetanus prophylaxis Y/N	<input type="checkbox"/>	Blood Pressure _____ mm Hg High Risk Y/N Pre medication given (HTN) Y/N Name of Drug : _____ Infected case Y/N Procedure kit arranged Y/N		<input type="checkbox"/>	Complete record of vitals Check I/V Fluids with labeling Drainage Tube Nasogastric Tube Check the operation wound site Patient Conscious Semi-Conscious	<input type="checkbox"/>
LABORATORY TEST	Hemoglobin : _____ mg/dl Electrolytes: Na _____ K: _____ Cr: _____ PT: _____ APTT: _____ LFTs Blood Group _____ Type & Cross match _____ Blood order _____units Chest X Ray _____ ECG _____ Other (Specify) _____	In the Record	Done But not In Record	ITEMS REMOVED Nail Polish Lipstick Hair Pins Contact lenses Dentures Jewelry Valuable Secured Undergarments	In OR	Un- Conscious Discharge Instruction Anesthesia form completed Patient Valuable return Patient I.D. Band Others _____	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Record Completed Date : _____ Time: _____ Name : _____ Designation : _____		Primary Surgeon's Details Date: _____ Time: _____ Surgeon's Name: _____ Surgeon's Sign: _____			Record Completed Date : _____ Time: _____ Name : _____ Designation : _____	