

**PRE-OPERATIVE CHECK LIST
AND
TEACHING RECORD**

DATE _____

	EXPLANATION OF CARE TO BE GIVEN		DEMONSTRATES OR VERBALIZES UNDERSTANDING OF		DONE
	YES	NO	YES	NO	
Surgical Procedure					
Explanation of surgical procedure by doctor					
Enema / type					
PhisoHex bath					
Diet					
TEACHING					
Explanation of pre-op meds					
Explanation of operating room					
1. Surgical shave					
2. Environment of operating room					
3. Anesthesia					
Explanation of recovery room - ICU					
1. Environment of R.R. or ICU					
2. I.V.					
3. Catheter					
4. Pain medications					
5. Other (specify)					
EXPLANATION OF POST-OP CARE					
1. Turn, cough, deep breathe					
2. Activity level					
3. Diet					
4. Dressings					
5. Other					

CHART CHECK	YES	NO	IMMEDIATE PRE-OP PREPARATION	YES	NO
I.D. Band on patient			Rings taped or off		
Permit signed and on chart			Hair care: braided / pins out		
Report of the following on chart			Nail polish removed		
Chest X-ray			Prosthesis removed		
EKG			Eye glasses		
UA			Contact lenses		
CBC			Dentures		
BUN			Other		
Blood Sugar			Voided / Time:		
Blood type and cross match			Side rails up and bed in low position		
Blood Units available			Kardex on chart		
Other lab values:			Allergies		

PATIENT'S IDENTIFICATION

TYPE OF PRE-OP MEDS:

DATE _____	PRE-OP VITAL SIGNS	TIME PATIENT SENT TO O.R.
TIME _____	WT. _____ T _____	
INITIAL _____	P _____ R _____	
	BP _____ / _____	

OTHER CARE GIVEN:

SIGNATURE OF PERSON CERTIFYING COMPLETION OF PRE-OPERATIVE CARE

NAME	TITLE
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