Mercy
AT THE HEART OF HEALING

Patient Label

Pre-operative Checklist

Please initial and date when item is complete. **Note any action taken**

	Note:	Initials	Date
H&P within 30 days of surgery			
Surgical Consent signed			
Pre-op Orders from Surgeon's office			
Anesthesia orders signed			
PAT Comments:			

Pre-op Vitals	Temp	Pulse	RR	BP	O2 sat %

Day of Surgery Diagnostics Testing	☐ **n/a**		
HCG	☐ **obtained** ☐ **positive** ☐ **negative** ☐ **n/a**		
Glucoscan	☐ **result:** ☐ **n/a**		
Hospital Consent form signed			
ID band verified and affix to pt			
Procedure confirmed with pt			
TEDS	☐ **n/a**		
Anesthesia Consent signed			
H & P Update signed			
Site Marked	☐ **n/a**		
Assessment entered into PICIS			
OR Nurse Assessment performed			
Allergies confirmed	**List allergies:**		
Jewelry Removed	☐ waiver signed		
Micromedex for Pedi patient	☐ **n/a**		
☐ Glasses to OR ☐ Dentures to OR ☐ Hearing Aids ☐ CPAP to PACU	☐ **n/a**		
Pre-op Meds Given: ☐ **n/a**	Antibiotic: ☐ Prepped in ACU ☐ Started in ACU at:		

Post-op Contact Information	**Responsible Party:** ☐ In waiting room ☐ Please call	**Phone Number:**
	Comments:	

☐ **READY FOR OR** Initials_____ ☐See ACU Nurse ACU RN:_____