

Preoperative Checklist

Today's Date: / /



An Independent Agency of the Commonwealth of Pennsylvania

WRITE LEGIBLY AND DO NOT USE ABBREVIATIONS

Patient First Name: _____ Last Name: _____

#1 Identifier: _____ #2 Identifier: _____

Surgeon Name: _____ Date of Surgery: _____

Patient Information *(please check/circle when completed)*

- Patient correctly identified Patient identifier: _____
- Procedure to be performed: _____ Surgical consent form completed
- Copy of living will/advance directives on chart: Yes / No
- Consent includes side: ___ Left ___ Right ___ Bilateral ___ N/A
- Preoperative instructions provided to patient or patient's legal representative: Yes / No

Medical Documentation *(please check when completed)*

- History and physical attached Physician's orders attached
- History and physical identifies side: ___ Left ___ Right ___ Bilateral ___ N/A
- Pathology/laboratory studies completed
- Radiologic studies, identify side/site if applicable: _____
- EKG completed
- Other tests completed: _____

Surgical Information *(please check/circle when completed)*

- Time of surgery verified Surgical procedure verified
- Surgical site verified Surgical side: ___ Left ___ Right ___ Bilateral ___ N/A
- Surgical position verified
- Positioning device required: Yes / No
- Implants/other instrumentation verified — If Yes, specify :

- Comments:

Information verified by:

Name (please print): _____

Signature: _____

Date: _____ Time: _____

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For more information, visit

<http://www.patientsafetyauthority.org>

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Pennsylvania Patient Safety Reporting System