مستشفى مارينا الاهلي

الاسم :

الرقم الطبي :

Preoperative Checklist

Age		Gender		Diagnosis		Blood cross match	
procedure		allergy		surgeon		NPO since	

Check 1(in ward)	Date		Time		Weight		Height		CXR		
Temp		HR		B/P		YES	NO	B Group			
Confirm the patient's identity								PCV			
Confirm completion of the informed consent form.								WBC			
Check the patient medical record								INR			
Dentures (if present), nail polish and jewelry removed								Creatinine			
Pre-op medications given if prescribed								Glucose			
Site of operation marked (if applicable)								Nurse name :			
Shaving and bathing done								Signature:			
Check for allergy (if specify:											
Check 2 (in pre operative area)	Arrival time					YES	NO				
Confirm the patient's identity and procedure to be performed									Doctors name: Signature:		
Review the patient's medical record											
Ensure that the diagnostic images and bloods are available											
Dentures (if present), nail polish and jewelry removed									Nurses name: signature:		
Confirm completion of pre-anesthesia assessment											
Site of operation marked (if applicable)											
tem		HR		B/P		SPO2					

Note : .....

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