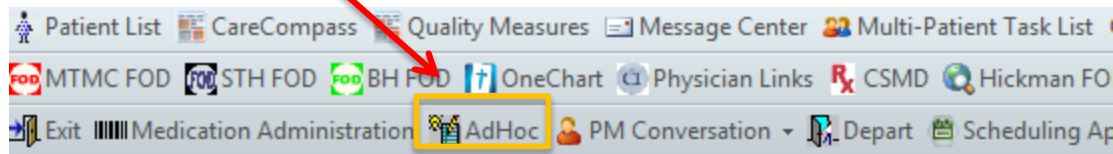


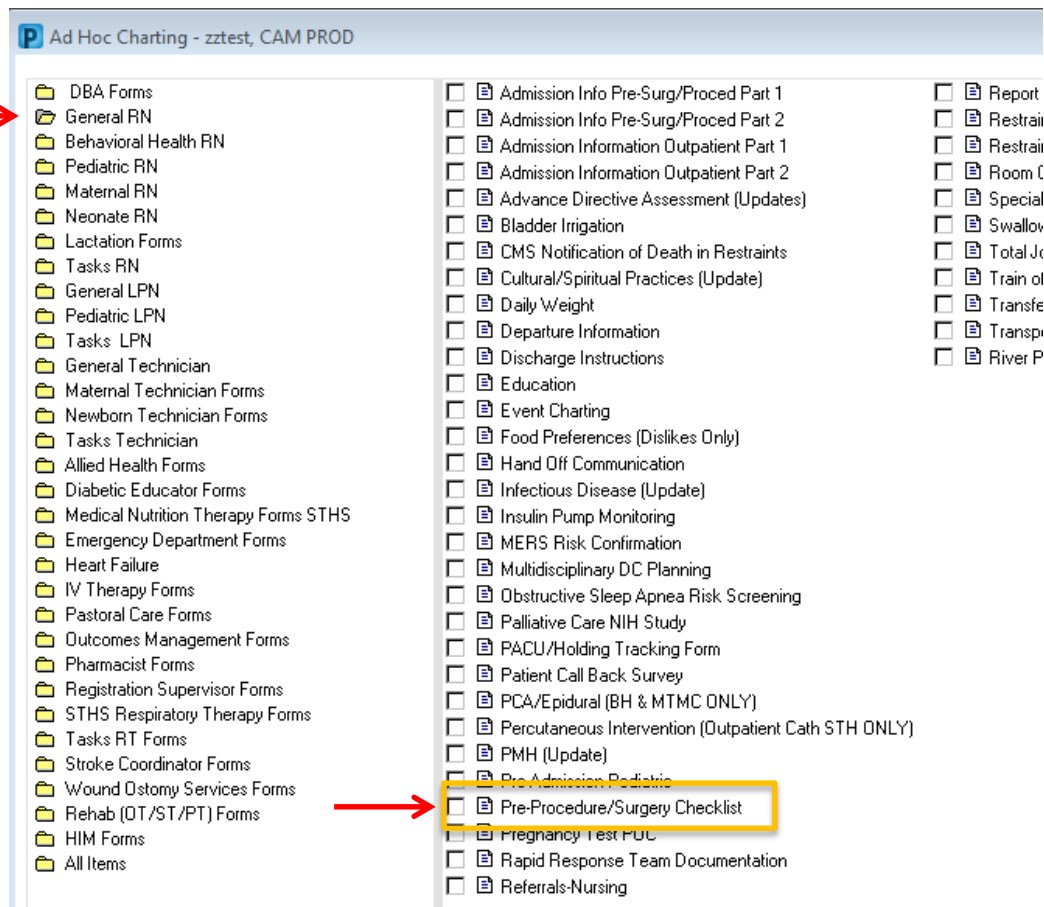
# CLINICAL INFORMATICS

## PRE-SURGERY CHECKLIST QUICK REFERENCE GUIDE

1. To access the checklist from CERNER, enter the patients chart, select the ad hoc icon from the menu tool bar



2. Select the **General RN** folder from the options on the left, and click the **check box** next to Pre-Procedure/Surgery Checklist.



# CLINICAL INFORMATICS

3. The floor or responsible nurse fills out the top part of the form down to the Holding Section, yellow sections are the minimum required mandatory fields to be completed.

# CLINICAL INFORMATICS

**Preparation**

**\*\*Reference Only for Current Encounter\*\***

Height/Weight Last Documented  
 CXR/KUB Date Completed  
 EKG Date Completed  
 Type and Screen Completed  
 Pertinent Lab Results/Dates

**Pre-Procedure Checklist**  
 Height:  
 Weight:  
 Chest/SDS X-Rays (Last 30 days)  
 None On File  
 EKG Exam (Last 30 days)  
 None On File  
 Type & Screen (Last 30 days)  
 None On File

**Lab Results on Chart (Critical Results report to MD)**  
 Yes  N/A  
 No  
 Results Normal

**Level of Consciousness**  
 Awake  
 Arousable to Stimul. Pain  
 Arousable to Stimul. Verbal  
 Obedient  
 Unresponsive  
 Unable to Assess  
 Other

**Last Oral fluid Intake**

**Last Dialysis**

**Results Reported to**

**Last Food Intake**

**Oxygen Delivery**  
 Room Air  Passive  
 Aerosol Face Mask  Simple Mask  
 Ambu  T-piece  
 BPPAP  Ventilator  
 CPAP  Trach Collar  
 Face Tent  VentriMask  
 High Flow Nasal Cannula  Other  
 Home Ventilator  
 Nasal Cannula  
 Nonrebreather Mask  
 Digisud  
 Partial Rebreather Mask

**Beta Blocker Given**

**Hypoglycemic Given**

**Harcotic Given**

**Antibiotic Given**

**Anticoagulant Given**

**Pre-Procedure Checklist**

**\*\*All Sections Must Be Completed Prior to Start of Procedure/Surgery\*\***

**Procedure(s)/Surgery Ordered**

**Enter Correct Procedure(s)/Surgery Without Abbreviations**

**Patient on Isolation**  
 Yes  
 No  
 N/A

**Identification Band**  
 On and Verified

**Allergy Band On and Verified**  
 Yes  
 No  
 N/A

**Physician Informed Consent Verified**  
 Yes  
 No  
 N/A

**Procedural Consent**  
 Yes  
 No  
 N/A

**Anesthesia Consent**  
 Yes  
 No  
 N/A

**Pre Anesthesia Assessment**  
 Yes  
 No  
 N/A

**H&P or Progress note within 24hrs**  
 Yes  
 No  
 N/A

**Special Reeds**  
 Yes  
 No  
 N/A

**Special Reeds Comments**

**Skin Breakdown**  
 Yes  
 No  
 N/A

**ICD**  
 Yes  
 No  
 N/A

**Make/Model**

**Pacemaker**  
 Yes  
 No  
 N/A

**Make/Model**

**Other Implants**  
 Yes  
 No  
 N/A

**Type of Other Implants**

**History of Diabetes**  
 Yes  
 No  
 N/A

**Transported With**  
 Oxygen  N/A  
 Cardiac Monitor  
 Telemetry

**Obstructive Sleep Apnea History**

**Does Patient have Known History of Obstructive Sleep Apnea?**  
 Yes  
 No

**CPAP or BiPAP Settings (if known)**

**Does Patient Utilize a CPAP or BiPAP Machine?**  
 No  
 CPAP  
 BiPAP

# CLINICAL INFORMATICS

**All Surgical Patients Must Have 2 Scrubs Except in Emergent Situations**

<b>Scrub 1 Complete</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Scrub 2 Complete</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Contacts/ Eyeglasses Removed</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Dental Appliances Removed</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Hair Accessories Removed</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Hearing Aid(s) Removed</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Jewelry Removed</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Loose Teeth</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Makeup Removed Inc. Mascara</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Nail Polish Removed</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Prosthetic Devices Removed</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Undergarments Removed</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Urinary Catheter Present</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<b>Void on Call</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

4. Floor or completing nurse saves the form after completing the top section of the form, and the allergies/Home medications if not previously completed during admission process.
5. Click on the floppy disk icon to save/close the form.

Pre-Procedure/Surgery Checklist - ZZTEST, Gerogia

\*Performed on: 10/06/2016 1522 CDT

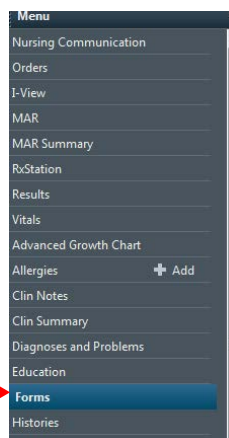
**Pre-Procedure Checklist**

**\*\*All Sections Must Be Completed Prior to Start of Pr**

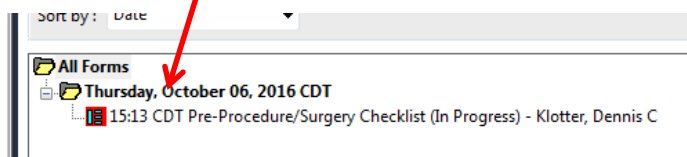
**Holding Only [bottom section] is completed by the Holding Room Nurse**

1. To access the partially completed form from cerner, click Forms from the menu in CERNER

# CLINICAL INFORMATICS



1. Select the partially completed form by right clicking on "CDT Pre-Procedure/Surgery Checklist (In Progress) - nurses name"



2. From the menu options presented, select MODIFY, scroll down to the holding section of the form, and complete the yellow mandatory fields on the form. Add any family information, medications and 5P reviewers by selecting names from the search boxes.

# CLINICAL INFORMATICS

**Holding Only**

Enter Vital Signs if None Recorded in Last 4 hours

**Systolic BP**    
**Diastolic BP**    
**Pulse**    
**Respirations**    
**Temperature**    
**O2 Sat**

**Warming Gown**  Yes  No  N/A   
**Warming Blanket**  Yes  No  N/A   
**SCD's**  Yes  No  N/A   
**TED's**  Yes  No  N/A   
**Foot Pump's**  Yes  No  N/A   
**Sacral Dressings**  Yes  No  N/A   
**Betadine Basal Swab**  Yes  No  N/A

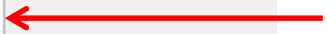
**UCG +/-**  Positive  Negative  N/A   
**Operative Area Prepped**  Yes  No  N/A   
**Operative Area Clipped**  Yes  No  N/A   
**Operative Site Marked**  Yes  No  N/A   
**MRN & FBI Match ID Band & PLUE Label**  Match  No Match  Corrected   
**Colorectal Surgery**  Yes  No   
**Laxative/Bowel Prep**  Yes  No   
**Neomycin+Erythromycin OR Neomycin + Metronidazole Prior to Arrival at Hospital**  Yes  No

**Pre-Operative Medications**

Time	Drug/Dose	Route/Site	Initials
<Time>			
<Time>			
<Time>			
<Time>			
<Time>			
<Time>			

Right Click in Grid to Add More Rows

**Family Name/Location/Phone Number**



3. Once completed sign the check list by clicking on the green check mark in the upper left hand corner of the form. Holding room or completing nurse, signs the forms by clicking on the green check mark.

Pre-Procedure/Surgery Checklist - ZZTEST, Gerogia

\*Performed on: 10/06/2016 1513 CDT

Pre-Procedure  
 Allergies/Med List

**Pre-Procedure Checklist**

\*\*All Sections Must Be Completed Prior to Start of Procedure/Surgery\*\*



# CLINICAL INFORMATICS

