QHC Quinte Health Care

Surgical Program
OR Checklist
Same Day Surgery x2653 | OR Main Desk x2448

Patient Label

☒ **If patient is unstable they must be accompanied by a nurse to the OR; call the OR if you need help.**

Safety	Bands: ❑ Name Band On ❑ Blood Band On (If applicable) *Place bands on non-operative limb* Allergies: ❑ Allergies Confirmed if applicable: ❑ Allergy Band On (with written allergies) ❑ Family Member/ Friend Waiting:_____ #: _____
PreOp Info	Recent Vitals: ❑ On SBAR Health History: ❑ On Anesthetic Questionnaire ❑ Anticoagulant(s) Stopped:_____ (date) Weight: _____ kg Last Eaten: ____:____ Last Voided: ____:____ / ❑ Catheter Height: _____ cm Last Drank: ____:____ Last Menstrual Period: _____ date
IV	❑ IV Inserted: gauge: _____ g ❑ IV checked for patency

Tests	❑ Pre-Op Blood Work Completed (If not, call OR) ❑ Glucose: _____ mmol
	    Critical Values: _____ ❑ Reported to Surgeon
	    T&S:_____ (date) ❑ Units on Hold (#): _____

Belongings	**Remove:** ❑ Jewelry ❑ Piercings ❑ Contact Lenses ❑ Retainer
	          ❑ Clothing ❑ Undergarments ❑ Nail polish ❑ Denture(s)
	       If not removed, explain:_____
	       ❑ Belongings bagged and labeled
	 Items (Being Sent to OR): ❑ Glasses ❑ CPAP ❑ Other: _____
	        ❑ Dentures: ❑ Upper ❑ Lower ❑ Retainer
	        ❑ Hearing Aids: ❑ Left ❑ Right ❑ Religious Items: _____

Surgical Information	INITIALS REQUIRED TO SEND PT TO OR: __Initial__ **Consent is Complete** (If consent incorrect / incomplete – call OR before sending) If patient cannot consent, ensure SDM is available to talk to MD. __Initial__ Anesthetic Questionnaire Complete __Initial__ PreOp Orders Complete (if not, call OR) __Initial__ Patient Changed into Gown __Initial__ CMAR Sent with Chart __Initial__ SBAR Sent with Chart __Initial__ Ticket to Ride Complete (if applicable) __Initial__ Medication Reorder Sheet Sent with Chart (if applicable)

Additional comments:
Before using this section, consider if this is something you should call and speak directly to Same Day Surgery (x2653) or the OR (x2448) about.

Date: _____ **Sending Nurse:** _____ Ext: _____