



UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES
SAIFAI, ETAWAH - 206130 (U.P.)

Pre-Operative Checklist

Patient Name Age Sex Weight

CR No. Date Time

Diagnosis

Surgical Procedure

Name of Handling Over wardstaff

Name of Taking Over OT staff

| | |
|---|--|
| Informed Consent | |
| Pre-Operative part preparation done | |
| Nails cut (Finger & Toys) | |
| Patient changed to OT dress before shifting | |
| Preoperative bath from head to toy with antiseptic soap | |
| NPO checked (Please mention since what time) | |
| Premedication given | |
| Site to be operated marked | |
| Surgical Procedure | |
| PAC Done | |
| Blood arranged | |
| Time of shifting | |
| Availability of blood | |
| Test dose of antibiotic given | |
| Availability of Implant Specify | |
| Availability of all consumable as advised of surgery | |

Movement of Material Along with Patient

| | Received in Preop. | Sent our from Post op |
|-----------------------|--|--|
| Pt. File | | |
| Pt. X-Ray | | |
| M.R.I. | | |
| C.T. Scan | | |
| Blood | | |
| Blood Products | | |
| Dresses | | |
| Blanket | | |
| Medicine | | |
| Consumables | | |
| | Received by Hand Over by | Received by Hand Over by |

Signature of Sister/ Incharge

Anaesthesiologist

Consultant Surgeon