

Surgical Preparation Checklist

Date: _____

Patient Name: _____

Surgeon: _____

Procedure: _____

Pre-operative Checklist

- Consent form signed
- Patient identification confirmed
- Pre-operative medications administered
- Allergies reviewed and documented
- Vital signs taken and recorded
- Fasting status confirmed
- Correct surgical site marked
- Equipment and instruments checked
- Anesthesia plan reviewed

Post-operative Instructions

- Monitoring in recovery unit
- Pain management plan outlined
- Discharge guidelines provided
- Follow-up appointment scheduled

Prepared by: _____

Signature: _____