Pre-Anesthesia

**Resuscitation Code**

Surgical Medical DNR

**Patient Location Post-Op**

ICU Intermediate Tx TGH

**Pre-operative bloodwork complete?**

Yes No N/A

**Surgeon reviewed?**

Yes No N/A

**Pre-operative imaging complete?**

Yes No N/A

**Surgeon reviewed?**

Yes No N/A

**Evaluate Skin for Infection**

Clear Pyoderma

**Antibiotics?**

Yes No Hold

**Discuss anesthetic concerns**

**Risk of Major Blood Loss** Yes No

Blood Type Cross-match  **↵**

**Confirm Patient**

**Confirm Site** - L R N/A

**ZipWhip Owner**

Pre-Operative

**Confirm Resuscitation Code**

**Confirm Patient**

**Confirm Procedure(s)**

**Confirm Site/Side**

**Discuss anticipated surgical**

**complications**

**Antibiotic Administered?**

Yes N/A

**Imaging Displayed in OR?**

Yes N/A

**Sponge Count Complete**

Yes N/A

**Tech Initials**: **\_\_\_\_\_\_\_\_\_\_**

**Inventory/Equipment Concerns**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-Operative

**Sponge Count Complete?**

Yes N/A

**Culture?**

Yes No

**Feeding Tube?**

Yes No

**Drain?**

Yes No

**Additional biopsies?**

Yes No

**Samples Labeled Appropriately?**

Yes N/A

**Nocita?**

Yes No

**NSAIDs?**

Yes NO

**Post-operative radiographs?**

Yes No N/A

**Place MeasureON!?**

Yes No N/A