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