



OPERATING ROOM CHECKLIST

Courtesy of
Lorne K. Rosenfield, MD

Patient Name _____ DOB _____ AGE _____ DOS: _____

Procedure _____

Pt arrival time _____ Pt Pre-Mark time _____ Call M.D. time _____

Anesthesia Local Sedation LMA ETT

FROM THE DAY OF CONSULTATION UNTIL THE DAY BEFORE SURGERY

Previous records requested _____ obtained _____ reviewed _____

Medical "issues" to be cleared before surgery _____

Findings w/review previous sed/anesth records _____

Alcohol use: How much/often _____

Chronic pain meds: Which and how often _____

Tobacco use: When and How many packs/day _____

Drug and chemical abuse: When and Which: _____

Appropriate state(s) PDMP Reviewed _____ Red Flag? _____

Prev anesth Px's _____ Hard vein stick _____ H.O. Carsickness _____ Eye Phobia _____

AnesthPx's (family member) _____ H.O. Extra Local _____ P.O.N.V. _____

Needle Anxiety _____ Claustro _____ Over Sed _____ Under Sed _____

Anxiety Meds _____ Sleeping meds _____

Asthma Meds _____ Diabetic meds _____

Diet Medications _____ GE Reflux _____

Low/High B.P. Meds _____ Psych meds _____ MAO meds _____

ASA/Plavix Meds _____ Birth Control _____

Bleeding sheet reviewed _____

Antibiotic allergy _____ Rash only? _____ Anaphylaxis? _____

Alternative antibiotics _____

Medicinal sensitivities _____

Iodine/shellfish allergy _____ Epinephrine sensitivity? _____

Latex allergy? Gloves only _____ Anaphylaxis? _____

Hx OF MRSA:Nasal Swab prn _____ I.D. Consult prn _____

MRSA PROTOCOL: Nasal Swab prn _____ Hibiclens _____ Mupirocin _____

Decontamination Protocol reviewed _____

MALIGNANT HYPERTHERMIA Eval form completed _____ AUGMENT REVIS: Implant Hx form completed _____

DVT Risk sheet completed _____ Hx of DVT _____ Hx of P.E. _____

Anesth Assessment: Local _____ Sed _____ G/A _____

Surg Loc Assessment: Office _____ Pen _____ Mills _____

Hx of Glaucoma/Cataracts/Dry Eye/Lasik Surgery? _____

Hx of sleep apnea? _____ Uses CPAP mask? _____

Hx of prior abd surgery/lipo? _____ Hx of back pain/surgery? _____

Confirm photos taken & in file _____ Younger Photo recorded _____ Conf pt arrival time _____

Confirm Rx received _____ Confirm Med Clearance: H&P _____ Labs _____ EKG _____

Confirm Staffing: RN _____ Anesth _____

ABD: Garment Size _____ Binder Size _____ Foley _____

LIPO: Tumesc. Liters _____ Garment Size _____ Foley _____

BREAST: IMPLSIZES _____ CHIN/NECK Garment Size _____

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PATIENT PSYCH EVALUATION FORM COMPLETED: Score _____ /10
Sign off here > _____ / _____

DAY OF SURGERY BEFORE ENTERING THE OPERATING ROOM

- Camera in holding room with card in place and batteries replaced
 - NPO status confirmed/Non-smoking status confirmed
 - Pre op BP _____ Pulse _____ WT _____ HT _____
 - Med/Iodine Allergy noted _____ Explain _____
 - H & P reviewed (including routine meds) & Anesthesia Pre Op form reviewed
 - Screening tests reviewed (CXR, EKG, labs, drug screen, nicotine, cotinine) and Pregnancy test prn
 - Consent details reviewed
 - POSTOP FORM COMPLETED: Contacts for pickup/aftercare and post-op appt.
 - Noted: Past anesthesia problems _____
 - Noted: Smoker _____ HTN _____ ETOH _____
 - Noted: Past surgeries with operative zone _____
 - Confirm Prn Garment _____ Implants _____
 - Confirm Fluids/Equipment/Injectables available
 - PO meds given: Valium, Emend, Pepcid, Antibiotics
 - PRE-OP RM CHECKLIST COMPLETED: Monitor/Velcro/Heat/Music/Call-button
 - PRE-SURGICAL TEAM CONFERENCE—REVIEW: name/procedure/allergies/notable history: smoker, dry eye
 - Patient voided and removed all jewelry
 - "Coast Clear" confirmed before patient transfer from holding area
- Sign/Co-Sign here > _____ / _____

IN THE OPERATING ROOM BEFORE THE INCISION IS MADE

- Patient time out stated and confirmed
 - Fire safety stated and confirmed
 - IV antibiotic given 1 hour pre-incision TIME GIVEN _____
 - Steroids given
 - Consent form posted and photos displayed
 - Bovie setup
 - Monitors: EKG _____ B/P _____ O2 _____ CO2 _____
 - Insert Eyeshields
 - Compression boots _____ Bair Hugger _____
 - Pillow under knees
 - Place Foley with face abdomen
 - AUGMENTATION: Nipples marked before prep—Use Chloroprep only
 - BREAST REDUCTION: Markings scratched before prep—Use Chloroprep only
 - ABDOMINOPLASTY: Pubis shaved, Foley placed, deep clean umbilicus before prep
 - FACELIFT: Deep Clean of ear canals/postauricular creases before prep
 - BLEPHAROPLASTY: Eye drops given/lower eyelid xylocaine placed before prep—Insert Eyeshields
 - RHINOPLASTY: Local anesthesia placed before prep
 - PRE-INCISION CHECKLIST CONFIRMATION
- Sign/Co-Sign here > _____ / _____



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DURING THE OPERATION

Sign and Co-Sign below

- Call patient's family at start of surgery and q 1.0 hour _____ / _____ / _____ / _____
- Check patient's arm and leg position after every bed position adjustment _____ / _____ / _____ / _____
- Check pressure points every 30 minutes _____ / _____ / _____ / _____
- Path specimen obtained and correctly labeled _____

BEFORE THE WOUND IS CLOSED

- PRE-CLOSURE PAUSE: Consent checked/needle & sponge count confirmed/ Marcaine injected prn breast & abdomen
- Sign/Co-Sign here > _____ / _____

AFTER THE WOUND IS CLOSED

- Final IV meds given prn – (eg. Zofran, Decadron)
 - Earplugs and/or eye shield removed
 - Steroids given
 - POST-SURGICAL TEAM CONFERENCE: REVIEW any post-op issues
- Sign/Co-Sign here > _____ / _____

AFTER THE SURGERY

- Surgeon to call family/caregiver immediately postoperatively
 - D/C instructions and appointment given to patient and family
 - PO fluids given
 - Ice to operative sites applied PRN
 - PRE-DISCHARGE MEETING: Final status check & postop review
 - Narcotics drawer locked and key put away
 - Turn off monitoring equipment and oxygen and back door locked
- Sign/Co-Sign here > _____ / _____

AT DISCHARGE

- Patient bag/medications given (including narcotics from fridge)
 - Post op appointment date _____ Time _____
 - POSTOP FORM COMPLETED: Final status check & postop appt
 - Dr. Rosenfield completed discharge visit/exam
- Sign/Co-Sign here > _____ / _____

MORNING AFTER UNTIL DAY OF SUTURE REMOVAL

- Office member rotate to "phone check" patient re:
- Confirm application of ice to operative site
- Confirm understands medicine regimen
- Confirm re-start of anti-hypertensive medications
- Confirm date of first postop visit
- Confirm all questions answered & needs addressed

Legend: Critical Pauses Patient Coordinator Front Desk Manager Scrub Tech O.R. Nurse

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Disclaimer: The preceding methods are not required. They are recommendations from the ASAPS Patient Safety Committee as of September 2018 and do not establish a standard of care. You may download this document and any updates at www.surgery.org/downloads/scissors-on-the-seam/OperatingRoomChecklist.pdf to tailor to your specific practice. ©2018 American Society for Aesthetic Plastic Surgery. All rights reserved.

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