

# Case Cart Assessment

## Missing Instruments

Picked By: _____		<b>Instruments Late?</b> (Not available on floor when beginning to set up OR)
COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Add to Pref. Card?</b> For Circulator (check if applicable and submit pedit)	
		<input type="checkbox"/> Late
		<input type="checkbox"/> Late
		<input type="checkbox"/> Late
		<input type="checkbox"/> Late
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		<input type="checkbox"/> Late
		<input type="checkbox"/> Late
		<input type="checkbox"/> Late
		<input type="checkbox"/> Late

## Missing Supplies

Picked By: _____	<b>Add to Pref. Card?</b> (check if applicable and submit pedit)

**\*\*Reminder\*\*:** Are the following accurate or need to be updated?

PRE-OP REQUIREMENTS, NOTES, MEDICATIONS, PREP, DRAPE, POSITION & EQUIPMENT