

SAMPLE CHECKLIST

ROOM SETUP

- Lights all the way up
- Equipment needed in room and turned on
- Positioning equipment
- Correct OR bed setup
- Whiteboard filled out
- Orders checked

HUDDLE

- Team member introductions
- Review surgical procedures and confirm bookings
- Special equipment needs
- Special positioning aids
- Implants required
- Expected specimens
- Medication needed – confirm orders
- Any questions from anyone

PATIENT CARE INFO

- Name
- Age – health care proxy if applicable
- Allergies
- Weight
- Medication reconciliation
- Medical history
- Surgical history
- Social history

PREOP

- Verification of patient identity / allergies
- Verification of procedure and laterality with appropriate site marking if applicable
- Confirm consents are filled out appropriately
- Skin assessment
- Implants / jewelry / contact lenses / tampons
- NPO status
- Labs needed – hCG, COVID-19 testing, type & screen, coagulation studies, etc.
- Cast color for ortho cases