

Case Cart Assessment

Missing Instruments

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

Missing Supplies

Picked By: _____	Add to Pref. Card? (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