



| **Patient Name:** | @Name |
| --- | --- |
| **Hospital/ID Number:** | 000000 |
| **Date of Birth:** | Jun 4, 2030 |
| **Age:** | 00 |
| **Sex assigned at birth:** | ⏳ Not set |
| **Surgical Procedure:** | Describe here |
| **Scheduled Date/Time:** | Jun 4, 2030 | 08:00 AM |
| **Surgeon:** | @Name |
| **Nurse/Unit:** | @Name |



| **Item** | **Completed (**✅**)** | **Notes** |
| --- | --- | --- |
| Patient identity conﬁrmed | ☐ | Note any concerns and observations |
| Surgical procedure and site conﬁrmed | ☐ | Include intervention if needed |
| Verify consent form is signed | ☐ | State reason if not applicable |
| Another item here | ☐ | Add more notes here |
| Another item here | ☐ | Add more notes here |
| Another item here | ☐ | Add more notes here |





| **Item** | **Completed (**✅**)** | **Notes** |
| --- | --- | --- |
| Patient transported to OR with ID bands | ☐ | Note any concerns and observations |
| Sterility (including indicator results) conﬁrmed | ☐ | Include intervention if needed |
| Surgical count performed and recorded | ☐ | State reason if not applicable |
| Another item here | ☐ | Add more notes here |
| Another item here | ☐ | Add more notes here |
| Another item here | ☐ | Add more notes here |



| **Item** | **Completed (**✅**)** | **Notes** |
| --- | --- | --- |
| Patient transferred to post- anesthetic care unit | ☐ | Note any concerns and observations |
| Breathing and circulation assessed | ☐ | Include intervention if needed |
| Pain level assessed and managed | ☐ | State reason if not applicable |
| Another item here | ☐ | Add more notes here |
| Another item here | ☐ | Add more notes here |
| Another item here | ☐ | Add more notes here |

