APU Preop Day of Surgery Checklist

Today's Date: _____ Time: _____

B/P: _____ / _____	HR: _____	Sats: _____%	RR: _____	Temp: _____°F

DOS Weight: _____ in Kilograms	HCG results on chart: Yes / No / NA	If yes; result is: + or -

Allergies: _____

☐ ID band placed

☐ Allergy band placed

☐ Surgical consent signed/witnessed

☐ Surgical showers / bowel prep performed

☐ Confirmed removal of the following:

☐ Glasses accompanying patient to MOR

Jewelry, piercings, contact lenses, dentures, all clothing (including underwear and brassiere)

NPO since: _____

DOS AM Glucose:_____

Any pending labs: _____

POC name: _____	Phone number and/or _____ waiting location: _____

Comments:

RN / HM signature: _____

Patient label

NH Brem 6320/146
APU (Rev3/08)