



कर्मचारी राज्य बीमा निगम, अस्पताल, पीण्य, बेंगलूरु - 560 022

QSP/ESICHP/F-13

**EMPLOYEES' STATE INSURANCE CORPORATION
HOSPITAL, PEENYA, BENGALURU-560022**

(Under Ministry of Labour & Employment, Govt. of India)



ISO 9001 : 2015 CERTIFIED

Dept of Anaesthesiology, Pain & Critical Care

**PRE-OPERATIVE CHECK LIST
FOR PATIENTS UNDERGOING SURGERY**

Name of the Patient : Ward : I.P. No:

(Note 1. Staff Nurse I/c ward will ensure that all the points will be taken care of and she will sign the check list after going through each point.

2. Pre-operative room Nurse shall recheck the list before receiving the patient)

Ward Sister

O.T. Sister

Mark ✓ or ✕ In the rectangle

Yes/No

Yes/No

1 Check Patient's Name. sex, age

☐☐

2 Nature of Surgery (Side of surgery has been endorsed by the surgeon)

☐☐

3 Pre Anaesthesia check up
has been done (PAC)

☐☐

4 Patient accepted by Anaesthesiologist

☐☐

5 Instructions of Anaesthesiologist followed Xylocaine. TD./Inj.
T.T / Antibiotic TD/FD

☐☐

6 Is Patient kept fasting / Nil orally

☐☐

7 Bowel preparation done

☐☐

8 Has the Patient been given bath ?

☐☐

9 Clipping of Nails / Nail polish Removed

☐☐

10 Shaving of operative site / Back / Beard / Hair cut

☐☐

11 Has brushed teeth or Dentures removed

☐☐

12 Availability of Blood / Donors

☐☐

13 Is the patient wearing OT clothes

☐☐

14 Does the patient have clean slippers / FOOT COVER

☐☐

15 Informed consent form signed

☐☐

16 Drugs / suture materials / Dressing /
Implants as advised by surgeon / Anaesthetists

☐☐

17 Patient's valuable (cash, mobile, wrist watch, ornament etc)
being given to the custody of the relatives

☐☐

18 Is the patient being sent to OT with all the investigation
report / consultations

☐☐

19 Is the patient being shifted on OT Trolley

☐☐

1. Signature of Staff Nurse I/c Ward

Name of Staff Nurse I/c Ward

2. Signature of Staff Nurse Pre-Op room

Name of Staff Nurse Pre-Op room