

**PRE-ADMISSION at outpatient clinic**

**A0**

**to be completed by**

**Surgeon**

		n/a	Yes	No, give reason
1	Correct patient and correct procedure (side and/or site) verified and registered		<input type="checkbox"/>	
2	Clinical data and comorbidity registered		<input type="checkbox"/>	
3	Current medication (and allergies) registered and adjusted if necessary (e.g., anticoagulants, antibiotics)		<input type="checkbox"/>	
4	Additional examination and/or consultation requested	<input type="checkbox"/>	<input type="checkbox"/>	
5	Patient/legal guardian informed and informed consent registered		<input type="checkbox"/>	
6	Patient registered for operation and admission including necessary preparations (special equipment, implants, blood products)		<input type="checkbox"/>	
7	Information feed back to referring doctor (family physician or medical specialist)		<input type="checkbox"/>	

Date:

Name and signature surgeon:

**PRE-ADMISSION to outpatient clinic**

**A0**

**to be completed by**

**Nurse**

		n/a	Yes	No, give reason
1	Correct patient verified and registered		<input type="checkbox"/>	
2	Health questionnaire explained and provided to patient	<input type="checkbox"/>	<input type="checkbox"/>	
3	Patient directed to outpatient anaesthesiology clinic	<input type="checkbox"/>	<input type="checkbox"/>	
4	Information provided concerning preparation, hospital stay and aftercare		<input type="checkbox"/>	
5	Specific wishes of patient inventoried and registered		<input type="checkbox"/>	
6	Contact person <u>of</u> the patient registered		<input type="checkbox"/>	
7	Contact person <u>for</u> the patient (case manager in hospital) appointed, registered and communicated		<input type="checkbox"/>	
8	Information provided regarding operation planning		<input type="checkbox"/>	

Date:

Name and signature nurse:

Patient label

**PRE-ADMISSION to outpatient clinic**
A0

**to be completed by** Anaesthesiologist

		n/a	Yes	No, give reason
1	Correct patient and correct procedure (side and/or site) verified		<input type="checkbox"/>	
2	Clinical data and condition of the patient evaluated and registered according to protocol		<input type="checkbox"/>	
3	Current medication, allergies and comorbidity inventoried and registered in patient records		<input type="checkbox"/>	
4	Method of anaesthesia, risks, possible complications and alternatives discussed with the patient and registered (including informed consent)		<input type="checkbox"/>	
5	Peri-operative and postoperative risk management (including admission to ICU if necessary) registered		<input type="checkbox"/>	
6	Patient released for planned procedure and release is documented in patient records		<input type="checkbox"/>	

Date:

Name and signature anaesthesiologist:

**PRE-ADMISSION on planning**

**A0**

to be completed by

**Planner**

**Only once all the A0 lists have been filled in by the surgeon, anaesthesiologist (except for local anaesthetic) and nurse.**

**If NO: Stop!**

		n/a	Yes	No, give reason
1	Correct patient and correct procedure (side and/or site) verified		<input type="checkbox"/>	
2	Patient released for surgery by anaesthesiologist	<input type="checkbox"/>	<input type="checkbox"/>	
3	Operation date final, patient entered in planning system, admission arranged (including ICU bed if needed)		<input type="checkbox"/>	
4	Patient informed of operation date, admission date and preoperative measures		<input type="checkbox"/>	
Date:				
Name and signature planner:				

## Preparation in the OR

# A1

to be completed by

**Operating assistant**

		n/a	Yes	No, give reason
1	Operation details in OR schedule correct (in case of doubt surgeon has been consulted)		<input type="checkbox"/>	
2	Required implant/prosthesis (in correct size) present	<input type="checkbox"/>	<input type="checkbox"/>	
3	Procedure prepared according to protocol		<input type="checkbox"/>	
4	Ancillary equipment/accessories present/available	<input type="checkbox"/>	<input type="checkbox"/>	

Date:

Name and signature operating assistant:

**PRE-OPERATIVE on the ward  
 before transport to holding area**

**A**

**to be completed by**

**Ward doctor**

		n/a	Yes	No, give reason
1	Correct patient and correct procedure (side and/or site) verified		<input type="checkbox"/>	
2	Medical data seen		<input type="checkbox"/>	
3	Relevant imaging seen	<input type="checkbox"/>	<input type="checkbox"/>	
4	Relevant consultations by anaesthesiologist/other specialties performed		<input type="checkbox"/>	
5	Pre-operative advice by anaesthesiologist/other specialties executed		<input type="checkbox"/>	
6	Relevant laboratory checks (including crosstyping) performed	<input type="checkbox"/>	<input type="checkbox"/>	
7	Medication prescribed		<input type="checkbox"/>	
8	Anticoagulative medication arranged (prophylaxis, cessation of anticoagulant, heparin pump, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
9	Treatment restrictions (if any) registered in patient records		<input type="checkbox"/>	

Date:

Name and signature ward doctor:

**PRE-OPERATIVE on the ward  
 before transport to holding area**

**A**

**to be completed by**

**Surgeon**

		n/a	Yes	No, give reason
1	Correct patient and correct procedure (side and/or site) verified		<input type="checkbox"/>	
2	Medical data and information correct on OR schedule (details of procedure, position, method of operation etc)		<input type="checkbox"/>	
3	Operation side/site/enterostomy site discussed with patient and marked	<input type="checkbox"/>	<input type="checkbox"/>	

Date:

Name and signature surgeon:

**PRE-OPERATIVE on the ward  
 before transport to holding area/OR**

**A**

**to be completed by**

**Anaesthesiologist**

		n/a	Yes	No, give reason
1	Correct patient and correct procedure (side and/or site) verified		<input type="checkbox"/>	
2	Current condition assessed (including airway)		<input type="checkbox"/>	
3	Medical data seen (details of procedure, patient notes, letters Electronic Health Record, pre-assessment)		<input type="checkbox"/>	
4	Allergies and comorbidity registered in patient records		<input type="checkbox"/>	
5	Current laboratory information assessed	<input type="checkbox"/>	<input type="checkbox"/>	
6	Additional examinations and/or consultations by other specialties carried out	<input type="checkbox"/>	<input type="checkbox"/>	
7	Medication checked and any premedication agreed as necessary	<input type="checkbox"/>	<input type="checkbox"/>	
8	Blood samples for cross-typing have been taken if needed and any necessary blood products ordered	<input type="checkbox"/>	<input type="checkbox"/>	

Date:

Name and signature anaesthesiologist:



Patient label

**PRE-OPERATIVE on the ward  
 before transport to holding area** **A**

**to be completed by** **Nurse**

		n/a	Yes	No, give reason
1	Correct patient and correct procedure (side and/or site) verified		<input type="checkbox"/>	
2	Patient prepared in accordance with protocol (or specific arrangement) regarding procedure and anaesthetic (including: fasting regimen). postoperative pain score policy explained		<input type="checkbox"/>	
3	(Hospital) medication orders present in nursing records		<input type="checkbox"/>	
4	Decubitus ulcer prevention carried out and recorded in accordance with protocol	<input type="checkbox"/>	<input type="checkbox"/>	
5	Delirium screening and prevention carried out and recorded in accordance with protocol	<input type="checkbox"/>	<input type="checkbox"/>	
6	Fall screening and prevention carried out and recorded in accordance with protocol	<input type="checkbox"/>	<input type="checkbox"/>	
7	Nutritional status screened and discussed with doctor	<input type="checkbox"/>	<input type="checkbox"/>	
8	Name tags (or barcode) on both wrists		<input type="checkbox"/>	
9	Dentures, piercings etc. removed	<input type="checkbox"/>	<input type="checkbox"/>	
10	Patient records with patient (not applicable in case of Electronic Patient Record)		<input type="checkbox"/>	

Date:

Name and signature nurse:



## Transfer ward to holding area

		n/a	Yes	No, give reason
1	Correct patient and correct procedure (side and/or site) verified		<input type="checkbox"/>	
2	Marking present NB. Marking is mandatory in case it is possible to mistake right/left or in case there is more then 2 (e.g. fingers, vertebra, teeth)	<input type="checkbox"/>	<input type="checkbox"/>	

Date:

  

Name and signature nurse ward:

  

Name and signature nurse holding area:

# Pre-TIME OUT for locoregional anaesthesia in the holding area

# B0

**To be discussed before anaesthesia by anaesthesiologist and anaesthesia or holding area assistant together.**

		n/a	Yes	No, give reason
1	Correct patient		<input type="checkbox"/>	
2	Correct procedure		<input type="checkbox"/>	
3	Correct side and/or site marked		<input type="checkbox"/>	
4	Patient is fasting		<input type="checkbox"/>	
5	Anaesthesia material/equipment and medication checked		<input type="checkbox"/>	
6	Relevant comorbidity and allergies known and registered in patient records		<input type="checkbox"/>	
7	Coagulation state known	<input type="checkbox"/>	<input type="checkbox"/>	

Date:

Name and signature anaesthesiologist:

Patient label

**TIME OUT in OR before start of anaesthesia** **B**

to be discussed before induction by surgeon, anaesthesiologist, anaesthesia assistant and operating assistant (and perfusionist if required) together

		n/a	Yes	No, give reason	
<b>General</b>	1	Correct patient	<input type="checkbox"/>		
	2	Correct procedure	<input type="checkbox"/>		
	3	Correct side and/or site	<input type="checkbox"/>		
	4	Appropriate pre-operative antibiotics administered ≥ 30 min. before incision	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Surgeon</b>	5	Positioning of patient discussed	<input type="checkbox"/>		
	6	Required implant/prosthesis (in correct size) present	<input type="checkbox"/>	<input type="checkbox"/>	
	7	Relevant medical data and imaging seen	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Anaesthesiologist</b>	8	Patient is fasting	<input type="checkbox"/>	<input type="checkbox"/>	
	9	Relevant comorbidity, medication and allergies known	<input type="checkbox"/>	<input type="checkbox"/>	
	10	Coagulation state known	<input type="checkbox"/>	<input type="checkbox"/>	
	11	Blood products present	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Operating assistant</b>	12	Required equipment/instruments/materials present and sterile	<input type="checkbox"/>		
<b>Pre-operative briefing</b>		OR team members clearly recognisable; estimate of peroperative problems discussed	<input type="checkbox"/>		

Date:

Name and signature surgeon:

**POST-OPERATIVE in OR**  
***after procedure before transfer to recovery/ICU***

**C**

**to be completed by**

**Surgeon**

		n/a	Yes	No, give reason
1	Counting protocol carried out and registered (verified by operating assistant)		<input type="checkbox"/>	
2	Correct sticker on patient material and associated forms checked (operating assistant and surgeon)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Performed procedure recorded in patient records and coded in computer		<input type="checkbox"/>	
4	Instructions concerning gastric tube (out, siphon, suction) given	<input type="checkbox"/>	<input type="checkbox"/>	
5	Instructions given concerning drains, feeding tube, JJ catheter, nefrodrain, plaster, pins etc.	<input type="checkbox"/>	<input type="checkbox"/>	
6	Instructions given concerning medication (continuation and/or changes)	<input type="checkbox"/>	<input type="checkbox"/>	
7	Other instructions given (position, postoperative X-ray, diet, wound care, mobilisation, loading etc.)		<input type="checkbox"/>	
8	Postoperative instructions tuned with anaesthesiologist		<input type="checkbox"/>	

Date:

Name and signature surgeon:

**POST-OPERATIVE in OR**  
***after procedure before transfer to recovery/ICU***

**C**

**to be completed by**

**Anaesthesiologist**

		n/a	Yes	No, give reason
1	Instructions given concerning infusion policy		<input type="checkbox"/>	
2	Instructions given concerning pain medication		<input type="checkbox"/>	
3	Instructions given concerning other medication	<input type="checkbox"/>	<input type="checkbox"/>	
4	Instructions given concerning ventilation/oxygenation	<input type="checkbox"/>	<input type="checkbox"/>	
5	Instructions given concerning postoperative checks (including laboratory checks)		<input type="checkbox"/>	
6	Postoperative instructions tuned with surgeon		<input type="checkbox"/>	

Date:

Name and signature anaesthesiologist:

# TRANSFER recovery/ICU to ward

# D.

to be completed by **Anaesthesiologist** (recovery) or **Intensivist** (ICU)  
before transfer to ward (in consultation with surgeon or consultant if necessary)

		n/a	Yes	No, give reason
1	Patient discharged according to appropriate score/agreements/protocols		<input type="checkbox"/>	
2	VAS score within agreed norms and repeated on ward according to protocol		<input type="checkbox"/>	
3	Instructions concerning medication, including pain medication, (continuation and/or adjustments) recorded		<input type="checkbox"/>	
4	Instructions given concerning infusion policy		<input type="checkbox"/>	
5	Instructions concerning oxygenation given as necessary	<input type="checkbox"/>	<input type="checkbox"/>	
6	Instructions concerning checks (including laboratory checks) recorded	<input type="checkbox"/>	<input type="checkbox"/>	
7	Instructions concerning wound care, diet recorded (if different to immediate postoperative)	<input type="checkbox"/>	<input type="checkbox"/>	
8	Ward doctor informed of special circumstances	<input type="checkbox"/>	<input type="checkbox"/>	

Date:

Name and signature anaesthesiologist:



## Transfer *recovery/ICU* to ward

		n/a	Yes	No, give reason
1	Postoperative orders and points of significance have been discussed and recorded		<input type="checkbox"/>	

Date:

  

Name and signature nurse recovery/ICU:

  

Name and signature nurse ward:



# BEFORE DISCHARGE

# E

**to be completed by**

**Ward doctor**

		n/a	Yes	No, give reason
1	Pathology results discussed <input type="checkbox"/> Pathology results to follow	<input type="checkbox"/>	<input type="checkbox"/>	
2	Results of oncology consultation registered	<input type="checkbox"/>	<input type="checkbox"/>	
3	Instructions concerning wound care, mobilisation, loading etc.		<input type="checkbox"/>	
4	Instructions concerning diet	<input type="checkbox"/>	<input type="checkbox"/>	
5	Instructions concerning drains, feeding tube, JJ catheter, nefrodrain	<input type="checkbox"/>	<input type="checkbox"/>	
6	Instructions concerning anticoagulative therapy	<input type="checkbox"/>	<input type="checkbox"/>	
7	Medication list checked and signed		<input type="checkbox"/>	
8	Details of outpatient clinic appointment for surgeon/other specialties communicated to nurse		<input type="checkbox"/>	
9	(Provisional) discharge letter to family doctor written (and contact by telephone in the event of complications, discharge with open wound, drains etc.)		<input type="checkbox"/>	
10	Discharge letter written (in the event of transfer to other hospital, rehabilitation centre etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

Date:

Name and signature ward doctor:

# BEFORE DISCHARGE

# E

**to be completed by**

**Nurse**

		n/a	Yes, in order	No, give reason
1	Instructions concerning home regimen explained to patient		<input type="checkbox"/>	
2	Instructions concerning wound care explained to patient		<input type="checkbox"/>	
3	Instructions concerning diet explained to patient	<input type="checkbox"/>	<input type="checkbox"/>	
4	Instructions concerning drains, feeding tube, nephrostomy catheter, nefrodrain explained to patient	<input type="checkbox"/>	<input type="checkbox"/>	
5	Instructions concerning occurrence of complications at home explained to patient		<input type="checkbox"/>	
6	Instructions concerning medication at home explained to patient	<input type="checkbox"/>	<input type="checkbox"/>	
7	Prescription signed by doctor present	<input type="checkbox"/>	<input type="checkbox"/>	
8	Outpatient clinic appointment surgeon and/or other specialties made		<input type="checkbox"/>	
9	Briefing written for nursing home/homecare/other hospital	<input type="checkbox"/>	<input type="checkbox"/>	

Date:

Name and signature ward doctor: