

# OFFICE-BASED SURGERY

## Patient Safety Checklist — Post-Operative —



*Clip this checklist to the patient chart and upon completion, insert in file.  
The orthopaedic surgeon is responsible for the completion of the checklist **prior** to discharge from the office.*

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Being discharged to: \_\_\_\_\_

In care of: \_\_\_\_\_

Follow-up appointment: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have attended to the following issues as they relate to my patient's safe discharge:

	Office Rep	Patient/Rep
Patient was provided with and reviewed written discharge instructions.		
Patient was provided with and reviewed written medication instructions.		
Patient follow-up has been arranged for a specific date and time.		
Patient is determined safe to go home.		
Patient will be accompanied by a responsible adult.		
Patient has been given emergency contact phone number(s).		
Patient will be called within 24 hours.		

Orthopaedic Surgeon's Signature: \_\_\_\_\_