

# AMBULATORY SURGERY

## Patient Safety Checklist

— Pre-Operative —



*Clip this checklist to the patient chart and upon completion, insert in file.  
Prior to bringing the patient into the OR, the orthopaedic surgeon is to complete  
and sign the patient safety checklist.*

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Scheduled Procedure: \_\_\_\_\_

I have considered the following as they relate to the safety of my patient undergoing this procedure:

- History and Physical Examination Performed
- Labs and EKG Attached
- Medications:
  - Prescription
  - Over the Counter (OTC) Drugs
  - Herbals or Other Products
- Patient Risk Factors/Co-Morbidities
- Prior Anesthetic Complications

The following processes have been performed:

- Patient Identifier Checked
- Surgeon Signed in the Site
- Appropriate ASA Classification Assigned
- Equipment Checked — Present and Functioning Properly
- Primary Care Physician Notified of Procedure
- Time-Out Prior to Procedure

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