

Elective Surgery Planner

MUST ATTACH PATIENT LABEL HERE

SURNAME _____ NHI: _____

FIRST NAMES _____ DOB: _____

Please ensure you attach the correct visit patient label



ELECTIVE SURGERY PLANNER

PRE ADMISSION CHECKLIST			COMMENTS
CONSULTATION AND ASSESSMENT	YES	NO	
Informed consent given			
Consultation with Surgeon			
Assessed by Anaesthetist			
Assessed by House Surgeon			
Seen by Pre-admission Nurse			
ADMISSION PLANNING	YES	NO	
Patient aware to ring ORDA the working day prior to surgery			
DISCHARGE PLANNING	YES	NO	
Community Services involved as required			
Discharge options discussed with patient and family			
Patient advised average length of admission			
INVESTIGATIONS AND TREATMENTS	YES	NO	
Baseline observations documented			
ECG if required			
Group & Hold			
MRO / MRSA swabs taken, if indicated			
MSU			
Script for antibiotics given to patient, if indicated			
U&E's, FBC			
MEDICATIONS	YES	NO	
Drug chart completed by doctor			
Medication history assessment form completed by pharmacist			
Patient is aware of which medications to omit prior to surgery			
Patient given a medication room green bag			
NUTRITION / DIET	YES	NO	
Baseline weight and height documented			
Dietitian required			
ASSESSMENT	YES	NO	
Falls risk assessment made			
Pressure area risk assessment made			
VTE form completed by doctor			
TEACHING & EDUCATION (Including Family/Whanau)	YES	NO	
Anaesthetic booklet given			
Cultural & religious needs addressed			
Patient knowledge assessment made			
Verbal and written surgical information given to patient			
Smoking cessation leaflet given, if applicable			
COMMENTS			