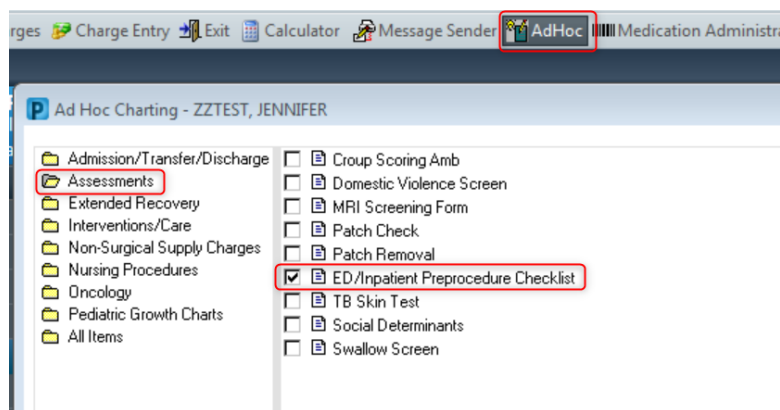


October 2019

## Coming 10/22/19: Updates to Preprocedure Checklist for Nursing

The ED/IP Preprocedure Checklist has been updated to better suit the needs of this patient population. This form can be found from the toolbar Ad Hoc button inside the Assessments folder for nursing:



Outlined below are preferred documentation items for a typical ED or Inpatient to Surgery case. It is understood that all patients are different and that in urgent/emergent situations not all of these items can be addressed before the patient moves to surgery. The tasks highlighted in **yellow**, Surgery would expect completed before any patient (Inpatient or ED) is transferred to Surgery. The tasks in Black, Surgery would expect on most regular IP add-ons coming down from the floor.

### Communication/Teaching:

1. Preferred Mode of Communication
2. Preferred Spoken Language (if not English please make sure that Interpreter Services knows about the upcoming procedure)
3. Isolation? Yes/No and If Yes, what type of Isolation  
 Note the reference Text to contact—OR/Procedure Department/PreOp to update them of Isolation status...our tracking boards do not update from the Isolation Orders so we need verbal notification of isolation so we can manually update our tracking boards BEFORE the patient arrives in our unit
4. Information Given By (i.e. Self/Family Member)
5. Contact Name/Contact Number (Authorized Contact/Family Member Name and Number)
6. Any applicable teaching

ED/Inpatient Preprocedure Checklist - SCHMIDLEY, KURTIS E

\*Performed on: 09/27/2019 1541 EDT

**Communication**

**Preferred Mode of Communication**

Verbal  
 Sign language  
 Written  
 Other:

**Preferred Spoken Language**

<input checked="" type="checkbox"/> English	<input type="checkbox"/> Filipino	<input type="checkbox"/> Iranian	<input type="checkbox"/> Polish	<input type="checkbox"/> Turkish
<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> Irish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Gaelic	<input type="checkbox"/> Italian	<input type="checkbox"/> Romanian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Bosnian	<input type="checkbox"/> German	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian	<input type="checkbox"/> Unknown
<input type="checkbox"/> Chinese	<input type="checkbox"/> Greek	<input type="checkbox"/> Korean	<input type="checkbox"/> Sign Languages	<input type="checkbox"/> Other
<input type="checkbox"/> Creole	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Latin	<input type="checkbox"/> Somali	
<input type="checkbox"/> Danish	<input type="checkbox"/> Hindi	<input type="checkbox"/> Malay	<input type="checkbox"/> Sudanese	
<input type="checkbox"/> Deaf Services	<input type="checkbox"/> Hmong	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Swedish	
<input type="checkbox"/> Dutch	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Persian	<input type="checkbox"/> Thai	

**Isolation?**  
 Yes  
 No

**Isolation Type/Status**  
 x

ED/Inpatients going to procedure areas: Please contact OR/Procedure Department to notify them of Isolation Status  
 PAT Assessment: Please update tracking board with Isolation Status

**Information Given By** **Contact Name** **Contact Phone Number**

Healthcare provider  Family member  Other

Lisa Zeiser 888.8888

**I&O/Preparation:**

**Intake and Output:**

1. Last Fluid Intake Date/Time
2. Last Food Intake Date/Time
3. Last Fluid Intake Amount
4. Last Fluid Intake Type (i.e. clear, etc. reason: if patient had coffee with cream recently it could pose an issue for some types of Anesthesia)
5. Last Food Intake Type

**Intake and Output**

**Last Fluid Intake** **Last Food Intake** **Last Void**

**Last Fluid Intake Amount** **Last Fluid Intake Type** **Last Food Intake Type** **Last BM** **Bowel Movement Description**

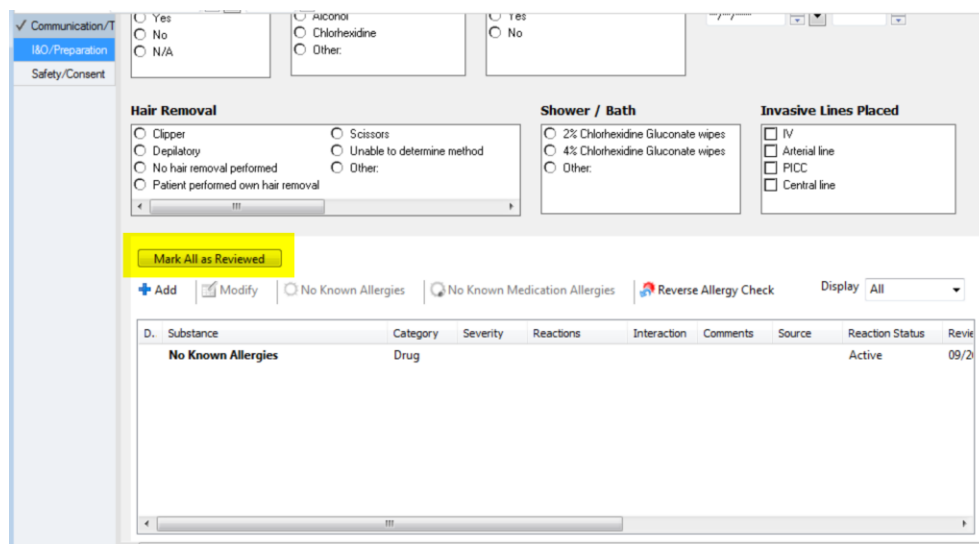
mL

Full liquid (other than breast milk)  
 Solid food  
 Other:

Clear  Formed  
 Liquid  Bloody  
 Loose  Other:  
 Semi-Formed

## Preparation:

1. Procedure Location
2. Surgery/Procedure Date/time/Location Reviewed (if not reviewed document the reason why in the subsequent field)
3. Skin Prep Complete
4. Prep Agent (Right Click and specify other if needed)
5. Patient on Dialysis? (if yes, specify last run)
6. Hair Removal
7. Allergy reverification



The screenshot shows the Cerner Flash software interface. On the left, a navigation pane includes 'Communication/T', 'ISO/Preparation', and 'Safety/Consent'. The main area contains several sections: 'Hair Removal' with radio buttons for 'Clipper', 'Depilatory', 'No hair removal performed', 'Patient performed own hair removal', 'Scissors', 'Unable to determine method', and 'Other'; 'Shower / Bath' with radio buttons for '2% Chlorhexidine Gluconate wipes', '4% Chlorhexidine Gluconate wipes', and 'Other'; and 'Invasive Lines Placed' with checkboxes for 'IV', 'Arterial line', 'PICC', and 'Central line'. Below these is a 'Mark All as Reviewed' button. Further down are options for '+ Add', 'Modify', 'No Known Allergies', 'No Known Medication Allergies', and 'Reverse Allergy Check'. A table displays allergy information:

D.	Substance	Category	Severity	Reactions	Interaction	Comments	Source	Reaction Status	Revis
	No Known Allergies	Drug						Active	09/2

## Safety/Consent:

### Patient Safety Grid

1. ID Band Applied (Verified via 2 patient identifiers)
2. Allergy Band on and Verified
3. Blood Band on and Verified
4. Procedure Verified, Surgical/Anesthesia consent signed dated and time (note—no abbreviations)
5. History and Physical in Medical Record (completed/updated within 24 hours)
6. Patient has IV with Fluids Running
7. For female patients of pregnancy age: HCG Done and Result Documented (Note—Document result in comment section)
8. Physician notified of abnormal diagnostic/lab results
9. Bowel prep completed; Physician notified if unsuccessful (Note—If ordered—complete Preps as ordered)
10. Jewelry/Body Piercings/Nail Polish Removed



# CERNER FLASH

11. Denture/Bridges/Orthodontic Devices Removed
12. Glasses/Contacts/Hearing Aids Removed
13. Patient Changed into Hospital Gown (Note—undergarments removed)
14. Preprocedure medication administered and documented (Note—comment if beta blocker given)

ED/Inpatient Preprocedure Checklist - ZZTEST, KYLIE

\*Performed on: 09/27/2019 11:56 EDT

Safety/Consent

Patient Safety

	Yes	No	N/A	Comment
ID Band Applied (Verified via 2 patient identifiers)	X			
FIN Number on ID Band Matches FIN Number in Cerner	X			
Allergy Band on and Verified	X			
Blood Band on and Verified	X			
Procedure Verified, Surgical/Anesthesia consent signed dated and timed	X			
History and Physical in Medical Record (completed/updated within 24 Hours)	X			
Is responsible driver present for Outpatient Proc?				
Patient has IV with Fluids Running	X			
Site marked and verified by physician/designee				
Site Verified by RN				
Site Verified by Patient/Family				
Diagnostic tests, labs, and clearances in medical record				
HCG Done and Result Documented	X			Pregnancy Test Results Here
Physician notified of abnormal diagnostic/lab results	X			When you spoke Date/Time
Bowel prep completed; Physician notified if unsuccessful	X			(If ordered only--complete any prep as ordered)
Jewelry/Body Piercings/Nail Polish Removed	X			
Denture/Bridges/Orthodontic Devices Removed	X			
Glasses/Contacts/Hearing Aids Removed	X			
Antimicrobial wipes (CHG wipes) used at incision site	X			
Nasal mupirocin treatment completed				
Nasal iodine completed				
Patient changed into Hospital Gown				
Antiembotic hose and/or sequential compression applied				
Preprocedure medication administered and documented	X			Note if Beta Blocker Given
Antibiotic available; initiated or sent				
Active warming device on patient				

## Consent Grid

1. Blood/Blood Products Informed Consent Signed
2. Surgical Consent Signed

Consents	Yes	No	N/A	Comment
Blood/Blood Products Informed Consent	X			
Procedure Consent Signed				
Surgical Consent Signed	X			
Sterilization Consent Signed				
Release of Implants Consent				

Any additional assessment findings or items deemed pertinent to communicate to the surgical staff can be placed in a progress note but please be sure to specify those items to the receiving RN during hand off.