

Statewide Anaesthesia and Perioperative Care Clinical Network

CONTEXT DOCUMENT

Perioperative Patient Record – Preoperative Checklist

Poor communication is the single most frequent cause of adverse events across all facets of healthcare resulting in problems that range from delays in treatment to medication errors and / or wrong site surgery. Patient safety is of particular significance during surgical interventions as patients are especially vulnerable during this time¹⁻⁴.

Transitions in care in the perioperative environment are numerous and should be considered high-risk endeavours. Historically, the goal of preoperative assessment has been to determine patient factors that significantly increase the risk of perioperative complications⁵. In recent years, many hospitals have started using comprehensive checklist procedures which have demonstrated improvements in teamwork and patient safety in the perioperative environment^{6,7}.

The Preoperative Checklist context document was developed by the Statewide Preoperative Checklist Review Working Group to support Queensland Health clinicians in the preparation of patients for surgery.

CONSIDERATIONS

The [Perioperative Patient Record](#) has three components consisting of the Preoperative Checklist, Surgical Safety Checklist⁸ and pages (2 and 3) on which variances, alerts and additional information is recorded.

The Preoperative Checklist is completed by clinicians working within their scope of clinical practice and is designed to aid patient preparation prior to their transfer to theatre and support effective clinical handover when there is a transfer of professional responsibility and accountability.

The Preoperative Checklist provides for three checks to be completed. A minimum of two checks are to be undertaken. The need for a third check is dependent on the workflow of individual health service facilities. As an example:

- Check 1 completed by clinicians in the ward/admission area
- Check 2 completed by clinicians admitting patients into the perioperative department
- Check 3 completed by operating theatre clinicians prior to the patient entering the operating theatre.

As check 3 is optional, please following local workplace / workflow requirements.

Completing the checklist

The context document has been developed as an educational tool. It provides clinicians with relevant information and instructions on how to complete the checklist. A 'lift out' quick reference guide is also provided (Refer to Appendix 1).

Check 1

Whilst engaging with the patient, clinicians are required to read each question carefully and tick the applicable check box relating to each question within the checklist.

Individual check boxes may include the prompt '(document as variance)'. Additional information pertaining to variances is documented in the relevant sections on pages 2 and 3 of the checklist. If there is insufficient space available in individual sections to record all relevant variances, utilise the 'Additional variances' section provided.

Check 2 and Check 3

Checks 2 and 3 involve reviewing the information collected during Check 1, ensuring it is fully completed and accurate. When reviewing each answer, a tick should be placed in the 'Confirmed' column to indicate the information noted in Check 1 has been reviewed and confirmed as correct.

In addition, when reviewing each answer, a tick must be placed in the 'Variance' column for each item where a variance has been identified and documented.

At the end of Checks 2 and 3, every item will have a tick in the 'Confirmed' column. In addition, all items containing a ticked check box with the annotation "document as variance", will have a tick in the 'Variance' column. This allows for all variances to be easily identified and correlated with the additional information noted on pages 2 and 3 of the checklist.

PREOPERATIVE CHECKLIST

Identification of patient or substitute decision-maker

Everybody has the right to make decisions that affect their life. An adult (person 18 years and over) can give their consent to or refuse medical treatment if they understand the doctor's information about the treatment and can make reasonable choices based on the information.

When a person does not have capacity to make their own decisions, they may need a formal decision-maker appointed. A formal decision-maker can make decisions on behalf of a person about all aspects of their life. If a person has appointed an attorney under an Enduring Power of Attorney, this person would take on the role as a formal decision-maker. More than one attorney may be appointed to manage personal, health and financial matters. Only the attorney appointed for health matters is able to make health care related decisions. Further information is available [here](#).

Where no attorney is appointed and where the person may be at risk of harm, an application can be made to the Queensland Civil and Administrative Tribunal (QCAT) to have a formal decision-maker appointed. Further information is available [here](#).

In Queensland, anyone under the age of 18 is considered a minor. References to children usually mean younger children who are likely to lack the maturity and understanding to make important decisions for themselves. Older or more mature children who may have capacity to make decisions about health care are often referred to as 'young persons'. Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure / treatment / investigation / examination and the consequences of non-treatment – '[Gillick competence](#)' ([Gillick v West Norfolk and Wisbech Area Health Authority \[1986\] AC 112](#)).

When a child or young person under the age of 18 years does not have capacity to consent, consent is obtained from a parent or other person with parental responsibility except in specific situations. Persons with parental responsibility have a responsibility to consent to health care that is in the best interests of the child or young person.

The [Guide to Informed Decision-making in Health Care](#) documents the broadening approach to informed patient decision-making in Queensland Health and is intended to be contemporaneous with and reflect the national and international ethical, medico-legal and service delivery environment as it evolves and relates to Queensland. It guides good clinical practice within the prevailing legal framework in how to implement the principles of informed decision-making in clinical practice.

Completing the checklist

Tick 'Patient', 'Substitute decision-maker' or 'Other' (eg. carer, close friend, family member) to identify the person providing the information. Document their name and relationship to the patient in the space provided on the checklist.

1. Patient or substitute decision-maker to state full name and DOB and confirm full name, DOB and URN match ID band and medical record

Ensure patient identifiers are consistent with the patient's medical record. Check for correct spelling of names, date of birth and UR number. If the identification band is not present or is incorrect, a new identification band must be applied, and the patient identifiers checked with the escorting clinician and the patient (if applicable). Ensure the identification band is not placed on an intended surgical site limb and be mindful of possible intravenous access requirements.

Completing the checklist

Tick 'Yes' to indicate that the patient's identity is confirmed. Tick 'No' to indicate that the patient's identity cannot be confirmed (i.e. emergency situations, red blankets etc.) and provide information in the relevant section on page 2 of the checklist. Document the patient's preferred name.

2. Legal documentation (EPOA, ARP, AHD, other)

The existence of a health plan is recorded on the Preoperative Checklist.

Advance care planning is a person-centred process of planning for future health and personal care that reflects the person's goals, values, beliefs and preferences.

Enduring Power of Attorney (EPOA) allows a patient to appoint someone they trust (an 'attorney') to make decisions during their lifetime and continues if they lose capacity to make decisions themselves. Only the attorney appointed for health matters is able to make health care related decisions.

An Acute Resuscitation Plan (ARP) is a medical order initiated and completed by a medical officer through the completion of the ARP form [SW065 Acute Resuscitation plan](#).

An Advance Health Directive (AHD) is a document that allows a patient to make decisions about their healthcare and can be used at a future time if they become unwell and are unable to make decisions.

Completing the checklist

Tick 'Yes' to indicate the patient has legal documentation and provide detail in the relevant section on page 2 of the checklist. Tick 'No' to indicate the patient does not have legal documentation.

3. Valid procedural consent form completed

Informed consent is an integral component of the provision of quality, patient-centred healthcare. The Queensland Health suite of informed consent documents support the rights of patients and their substitute decision-makers to:

- Receive, understand and confirm their understanding of information about their health care
- Make informed decisions, including declining treatment or withdrawing consent at any time
- Have their decisions respected.

Every effort must be made to ensure a valid procedural consent form has been completed before the patient is transferred to the operating theatre suite⁹. A consent form remains valid for up to 12 months.

Completing the checklist

Tick 'Yes' to indicate consent has been completed and is valid. Tick 'No' to indicate that there is not a valid consent form and provide detail in the relevant section on page 2 of the checklist. Notify the treating medical officer or relevant clinician that the consent has not been completed.

4. Patient or substitute decision-maker to state procedure in own words and confirm procedure stated corresponds with signed consent form

Clinicians should ask the patient or substitute decision-maker to articulate their knowledge of the intended procedure in their own words. The clinician must ensure that this description correlates with the surgical procedure noted on the procedural consent form and what has been booked on the operating lists (to prevent cognitive bias). Escalate any discrepancies to the treating medical officer. The non-delegable responsibility for providing necessary information and advice to the patient or substitute decision-maker remains the responsibility of the treating medical officer⁹.

Completing the checklist

Tick 'Yes' to indicate that the patient or substitute decision-maker has described the procedure that is to be undertaken in their own words and document the words spoken in the space provided. Tick 'No' to indicate that the patient or substitute decision-maker cannot describe the procedure that is to be undertaken in their own words and provide detail in the relevant section on page 2 of the checklist. Tick 'Team contacted' on page 2 of the checklist to indicate the treating medical officer has been informed.

5. Intended surgical site marked by surgeon

Internationally the failure to correctly identify patients and relate this information to an intended clinical intervention continues to result in wrong person or wrong site procedures, medication errors, transfusion errors and diagnostic testing errors¹⁰.

Clinicians are required to check that the surgical site has been marked by the surgeon. Certain surgeries may not require marking given the anatomical location (eg. dental, endoscopy/colonoscopy, urogenital, colorectal, perineal or laparoscopic surgery).

Completing the checklist

Tick 'Yes' to indicate that the surgical site has been marked by the surgeon. Tick 'No' to indicate that the surgical site has not been marked and provide detail in the relevant section of page 2 of the checklist.

Verbalise that the site is not marked to the relevant clinician as part of the clinical handover and tick 'Team contacted' in the variance section on page 2 of the checklist.

6. X-rays, medical imaging, PACS

Relevant x-rays or scans required for the intended surgery may either be available as digital images on Queensland Health enterprise Picture Archive and Communication System (PACS) or as hard copies in the form of compact discs (CDs) or hard films. Ensure all hard copies are sent with the patient to theatre.

Completing the checklist

Tick 'Yes' to indicate X-rays, medical imaging or PACS are available and provide detail in the relevant section on page 2 of the checklist. Ensure all hard copies (eg. X-ray films or CDs) accompany the patient to theatre. Tick 'No' to indicate X-rays, medical imaging or PACS are not available or required.

ALERTS

Alerts are potential risks that may impact on both patient care and the safety of staff involved in the patient's care. Once an alert eg. allergy and/or Adverse Drug Reaction (ADR) is documented and remains active, it is incumbent on those delivering care to ensure that measures are put in place to control or reduce the risks.

7. Allergy or Adverse Drug Reaction

Allergies and ADRs are very common, with around 1 in 5 people in Australia experiencing an allergy or ADR during their lives. Allergies occur when a person's immune system reacts to substances in the environment that are harmless for most people. These reactions can be mild to moderate with a small number of people experiencing a severe allergic reaction called anaphylaxis which is life threatening.

Common allergens include medications, latex, foods (including shellfish, fish), topical substances (eg. iodine, dressing adhesives, lotions, metal) and environmental allergens (eg. insect bites, bee stings, pollen).

All allergies and ADRs should be recorded as even mild reactions can impact on patient compliance with medication use. Re-exposure to a drug or drug group to which the patient has had a previous adverse or allergic reaction is one of the most common preventable medication incidents.

Completing the checklist

Tick 'Yes' to indicate the patient has allergies or ADRs and provide detail in the relevant section on page 2 of the checklist. Tick 'Nil known' to indicate the patient is not aware of any allergies or ADRs.

8. Infection precautions

Communication of infection risk to theatre staff is important to allow for preparation prior to receiving the patient in the operating theatre. The floor coordinator should be notified of all patients with a current infection as well as patients known to be colonized with resistant organisms. Early notification upon identification of an infection risk will assist in determining the order of the theatre list, the level of theatre preparation and of staffing Personal Protective Equipment (PPE) required.

Completing the checklist

Tick 'Yes' to indicate that current infection or colonisation with resistant organisms have been identified and provide detail in the relevant section on page 2 of the checklist. Ensure early communication of any infection risk to theatre staff. Tick 'Operating theatre contacted' to confirm communication has occurred. Tick 'No' to indicate current infection or colonisation with resistant organisms have not been identified.

9. Cytotoxic medication administered in the last 7 days

Cytotoxic medications have carcinogenic, mutagenic and teratogenic properties and are considered to be hazardous substances as per the [Approved Criteria For Classifying Hazardous Substances \[NOHSC:1008 \(2004\)\] 3rd edition](#). As such, spills of cytotoxics and waste contaminated with cytotoxic substances must be appropriately managed to limit exposure to workers and others. Waste from cytotoxic medications may be in solid or liquid form. Cytotoxic medications and their metabolites are primarily excreted from the patient via urine or faeces. Excretion rates vary therefore it is recommended that safety precautions with respect to body fluids be adopted for at least seven days after the administration of the treatment¹¹.

Refer to [EVIQ](#), chemo specific chart, ieMR etc. to ascertain whether or not a cytotoxic medication has been administered.

Completing the checklist

Tick 'Yes' to indicate that cytotoxic medications have been administered in the last 7 days and provide detail in the relevant section on page 2 of the checklist. Tick 'No' to indicate that cytotoxic medications have not been administered in the last 7 days.

10. Anticoagulation, antiplatelet agent, thrombolytics or any complementary medicines

The perioperative management of patients on medications that have potential blood thinning properties can be challenging and decision-making should involve assessing risks of thromboembolism, major bleeding and the associated consequences. Clinicians are required to check to ensure the VTE assessment is completed within 12 hours of the patient's admission. Patients should be assessed on a case-by-case basis in consultation with the surgeon/proceduralist, treating physician and anaesthetist. Further information is available [here](#).

Examples of medications that increase the risk of bleeding include anticoagulants, antiplatelet agents, thrombolytics or any complementary medicines eg. fish oil, turmeric. A list can be found [here](#).

Completing the checklist

Check to ensure the perioperative medication advice has been followed. Tick 'Yes' to indicate that anticoagulants, antiplatelet agents, thrombolytics or any other complementary medicines have been administered in the last 7 days and provide detail in the section provided on page 2 of the checklist. Tick 'No' to indicate that anticoagulants, antiplatelet agents, thrombolytics or any other complementary medicines have not been administered in the last 7 days.

11. Patient refuses blood products

There is always potential for surgical procedures to cause unexpected bleeding. Patients must be asked if they have any objections to receiving blood, blood products or blood derivatives including albumin. Should the patient refuse any of these, the relevant informed refusal document should be completed prior to surgery. For surgeries where perioperative blood transfusion may be likely, the treating team should complete the [Fresh Blood and Blood Products Transfusion Consent form](#) or other relevant transfusion consent forms (available [here](#)), prior to transfer to theatre. In the absence of a Queensland Health consent form, the details of the conversation between the patient and health practitioner, is considered to be part of the care given to the patient and as such, can be recorded in the patient's clinical record. Further information is available [here](#).

Completing the checklist

Tick 'Yes' to indicate the patient refuses blood products and provide detail in the section provided on page 2 of the checklist. Ensure the treating medical officer completes a written informed refusal document and tick 'Team contacted' in the section provided. Tick 'No' to indicate that the patient does not object to receiving blood products.

12. Pregnant

Beta Human Chorionic Gonadotropin (HCG) is a hormone produced by the placenta during pregnancy and is typically detected in the blood. A Beta HCG test is a blood test used to diagnose pregnancy and usually becomes positive around the time of the first missed period.

When determining whether or not the patient may be pregnant, the following dialogue is recommended:

'We see many people with a lot of different body types so for safety reasons we ask everyone "Are you sexually active? Is there any chance you may be pregnant?"

Further information is available on the Children's Health Queensland Hospital and Health Service website [here](#).

Completing the checklist

Tick 'Yes' to indicate the patient is pregnant. Tick 'No' to indicate that the patient is not pregnant. Tick 'Suspected or unknown' to indicate uncertainty with regards to pregnancy and document as a variance on Page 2 of the checklist. Ensure a Beta HCG urine test is conducted and complete the section provided.

13. Diabetic

Diabetes affects 10–15% of the surgical population and patients with diabetes undergoing surgery have greater complication rates, mortality rates and length of hospital stay. Modern management of the surgical patient with diabetes focuses on thorough pre-operative assessment and optimisation of their diabetes.¹²

As patients are fasted prior to surgery, most diabetic medications will be adjusted perioperatively to reduce the risk of hypoglycaemia. Patients on sodium-glucose co-transporter-2 inhibitor (SGLT2i) medications are at risk of developing severe acidosis during the perioperative period and blood ketone testing is particularly important in these patients. These medications include dapagliflozin, empagliflozin and ertugliflozin. Further information is available [here](#). Insulin requiring patients must have their insulin requirements met during the perioperative period to facilitate the cellular uptake of glucose and reduce the risk of ketoacidosis.

Completing the checklist

Tick 'Yes' to indicate the patient is diabetic and provide detail in the section provided on page 2 of the checklist. Ensure the completed diabetic chart accompanies the patient to theatre. Tick 'No' to indicate the patient is not diabetic.

14. Skin assessment

Hospital-acquired pressure injuries lead to complications such as increased pain, increased bed days, re-admissions, multiple surgical interventions, possible disfigurement, decreased quality of life, increased health care cost and mortality¹³. In the elderly, many skin changes due to loss of elasticity and subcutaneous tissue added to decreased circulation and lack of fat pads on bony prominences increase the potential for skin problems during surgical procedures.

The process of examining the entire body surface for abnormalities requires looking at and touching skin from head to toe and front to back. This skin assessment captures the patient's general skin integrity, based on careful inspection and palpation of the skin to identify existing skin conditions (i.e. cuts, abrasions, bruises, rash, pimples, ecchymoses, burns, scars, pressure injuries etc.). Documenting your skin integrity findings on the pressure risk assessment tool assists the effective preparation of the patient for surgery and the necessary treatment required post-surgery.

Completing the checklist

Tick 'Intact' to indicate there are no issues pertaining to skin integrity. Tick 'Not intact' to indicate that issues pertaining to skin integrity have been identified and provide detail in the section provided on page 2 of the checklist. If an assessment has not been performed, tick 'Not assessed' and provide detail in the section provided on page 2 of the checklist.

Pressure risk assessment tool completed

Pressure injuries can occur in any patient, any time and at any age. Pressure injuries are a major contributor to the care requirements of patients within the healthcare sector and are mostly preventable.

To achieve a reduction in the prevalence and incidence of pressure injuries requires early identification of those at risk; implementation of timely and appropriate prevention and management strategies; education and information sharing.

Queensland Health pressure injury prevention and management practice is based on the [Prevention and Treatment of Pressure Ulcer/Injuries Clinical Practice Guideline](#) – The International Guideline 2019.

As indicated on the [Adult Pressure Injury Risk Assessment Tool](#), the skin should be assessed for any signs of erythema, blanching response, localised heat, oedema, induration and skin breakdown (including observation for any skin damage related to medical devices, plaster casts). Further information for healthcare staff, patients and carers is available [here](#).

Tick 'Yes' to indicate that the Pressure Injury Risk Assessment Tool has been completed. Notify the clinician of any concerns during handover. Tick 'No' to indicate the Pressure Injury Risk Assessment Tool has not been completed and provide detail in the section provided on page 2 of the checklist.

15. Other alerts

This section of the checklist is used to document any other concerns that should be brought to the attention of the perioperative team. These may include but are not limited to falls risks, language barriers and aberrant behaviours.

Falls

Fall-related injury is one of the leading causes of hospital-acquired morbidity and mortality in older Australians, and leads to pain, bruising and lacerations and fractures ¹⁴. Falls in hospital which cause harm, such as intracranial injury, fractured neck of femur and other fractures, also prolong length of stay. Patients experiencing one of these falls remain in hospital for 18.8 days longer on average than patients who don't experience this hospital-acquired complication ¹⁵. More information about hospital acquired complications for falls can be found [here](#).

Falls in hospital are not inevitable for any patient and prevention is an integral part of a patient's comprehensive care plan that involves collaborative care and communication in partnership with patients, carers, families and members of the healthcare team. Every staff member has a part to play in fall prevention within and beyond our hospital and health services. Further information is available [here](#).

Interpreter

A certified interpreter should be engaged when the information to be communicated is significant for health and/or health outcomes, the person has a Queensland interpreter card, the person requests an interpreter, or the person's English skills are assessed to be inadequate for the situation.

Working with certified interpreters ensures that you communicate through a trained, bilingual person, who is guided by a code of ethics and respects the confidentiality of the person, is impartial, accountable and strives for accuracy. Working with a certified interpreter should not only meet the client's needs, but also your duty of care obligations to understand and be understood by people receiving a health service. Health services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available. Guidelines and resources are available [here](#).

Aggression

Whilst there are a number of key healthcare hazards in the healthcare and social assistance industry which can impact the health, safety and wellbeing of workers, exposure to work-related violence and aggression is a particular concern. Healthcare workers may experience violence and aggression from patients and residents, visiting friends and family and bystanders. Exposure to occupational violence has the potential to cause or contribute to the development of both physical and psychological injury to workers. Further information is available [here](#).

Completing the checklist

Tick 'Yes' to indicate other alerts (eg. falls, interpreter, aggression) are a consideration in the management of the patient and provide detail in the section provided on page 2 of the checklist. Tick 'No' to indicate other alerts are not a consideration in the management of the patient.

16. Fasted

The aim of fasting prior to anaesthesia or sedation for a surgical or medical procedure is to decrease the risk of perioperative regurgitation, which may result in aspiration. This may be associated with chemical pneumonitis, bacterial pneumonia or airway obstruction depending upon whether foreign material (food) and/or gastro-intestinal fluids (gastric acid, bile or other bowel contents) have been aspirated into the lungs. Such patients may require treatment in critical care units¹⁶.

Clear fluids are regarded as water, carbohydrate rich fluids specifically developed for perioperative use, pulp free fruit juice, clear cordial, black tea and coffee. It excludes fluids containing particulate matter, soluble fibre, milk-based drinks and jelly¹⁷.

For adults having an elective procedure, limited solid food may be taken up to six hours prior to anaesthesia and clear fluids may be taken up to two hours prior to anaesthesia. ANZCA (PS07), Guideline on pre-anaesthesia consultation and patient preparation is available [here](#).

The [Children's Health Queensland Pre-operative and Pre-procedural Fasting Guidelines](#) serves as a guide to all staff preparing children or providing information to children / parents / carers prior to general anaesthesia, major local anaesthetic blocks or non-conscious sedation. It also contains a quick reference guide with timeframes namely one hour for clear, non-carbonated fluids, four hours for breast milk (no thickeners) and six hours for everything else with the exception of babies under six months of age who may have infant formula (no thickeners) until four hours pre-procedure.

Completing the checklist

Tick 'Yes' to indicate the patient has fasted and complete the date and time of last intake. Tick 'No' to indicate the patient has not fasted and provide detail in the section provided on page 3 of the checklist.

It is important to make the theatre team aware of any patients who have not fasted for the recommended timeframes. Tick the check box provided to indicate that the operating theatre team has been contacted.

17. Pre-medication administered and other usual medication withheld

All nursing/midwifery, medical and pharmacy staff are authorised to access and use patient medication charts. Use of the National Inpatient Medication Chart (NIMC) is a mandatory requirement for non-digital health service organisations seeking accreditation against [National Safety and Quality Health Service Standards \(NSQHS\)](#) Standard 4 Medication Safety (Australian Commission on Safety and Quality in Health Care, 2017).

- All authorised prescribers must order medicines for inpatients in accordance with legislative requirements as documented in the [Health \(Drugs and Poisons\) Regulation 1996](#). Further information in relation to regulation, standards and extended practice authorities is available [here](#).
- The medication chart is to be completed for all admitted patients where an electronic prescribing system is not in use.
- All medicines should be reviewed regularly to identify potential interactions and to discontinue medicines that are no longer required.
- Specific medication charts are required for specialised medicines such as insulin, intravenous fluids, parenteral cytotoxic and immunosuppressive agents, epidural and regional infusions, palliative care and patient controlled analgesia¹⁸.

Completing the checklist

Tick 'Yes' to indicate pre-medication has been administered and provide detail in the section provided on page 3 of the checklist. Tick 'No' to indicate pre-medication has not been administered. Refer to the NIMC during handover. Tick 'Yes' to indicate that other usual medication has been withheld and provide detail in the section provided on page 3 of the checklist. Tick 'No' to indicate that other medication has not been withheld. Refer to the source document for a list of the patient's medications (Adult Integrated Pre-procedure Screening Tool, GP summary etc.).

18. Existing implants, prosthesis

Identify whether the patient has any existing implants and / or prosthetics as these may have implications during surgery, particularly with the use of diathermy. Examples of implants include orthopaedic metalware (pins, plates, screws), pacemakers, intra-ocular lenses and portacaths.

Completing the checklist

Tick 'Yes' to indicate the patient has existing implants and / or prostheses and provide detail in the section provided on page 3 of the checklist including the nature and location of each implant / prosthesis. Tick 'No' to indicate the patient has no existing implants and/or prostheses.

19. Caps, crowns, loose teeth, braces or dentures

Dental injury in anaesthesia represents up to half of all anaesthetic claims. Most at risk are children, the elderly and any patients with crowns, veneers and bridgework, periodontal disease, protruding or isolated teeth and conditions that lead to airway obstruction or difficult intubation. It is important to identify and document any dental prosthetics. Further information is available [here](#).

Full and partial dentures are to remain in-situ when transferred to theatre unless medically directed. Any dentures removed in theatre must be placed in a denture container labelled with a patient identification sticker and accompany the patient on their journey through and out of the perioperative suite.

Completing the checklist

Tick 'Yes' to indicate the patient has caps, crowns, loose teeth, braces or dentures and provide detail in the section provided on page 3 of the checklist. Tick 'No' to indicate the patient does not have caps, crowns, loose teeth, braces or dentures.

20. Personal aids, items

Some patients may require aids to improve their vision or hearing and other patients may need items of familiarity or comfort to accompany them through their perioperative journey. It is important to note whether these items have been removed prior to the patient being transferred to theatre or left in-situ. All contact lenses should be removed prior to transfer to the theatre suite. Glasses, hearing aids and items of comfort usually accompany the patient. All personal items must be labelled or placed in a correctly labelled container.

Completing the checklist

Tick 'Yes' to indicate the patient has personal aids and / or items and provide detail in the section provided on page 3 of the checklist. Tick 'No' to indicate the patient does not have any personal aids or items.

21. Preparation

Ensure the patient has removed the necessary clothing and underwear and is wearing appropriate theatre attire (short-sleeved hospital gown, disposable underpants, disposable beret or theatre cap). Children may present in clean cotton pyjamas provided by the hospital or wear their own if preferred.

Jewellery, body piercings, hair ties and hair pins can cause patient injury in theatre, either from mechanical trauma or with use of diathermy. Ideally these items should be removed prior to admission to the operating theatre suite. Any items left in-situ should be taped (if possible) and documented.

Make-up, nail polish and false fingernails can interfere with monitoring and clinical detection of deterioration. Check that make-up, nail polish and false fingernails have been removed and if necessary, assist the patient to remove them. This should be done before transfer to the operating theatre suite.

Discuss preoperative patient skin antisepsis with the patient and assess the operative site for satisfactory hair removal (if necessary). Refer to the [Australian College of Perioperative Nurses \(ACORN\) Standards for Perioperative Nursing in Australia](#).

Given that patient preparation varies according to surgical procedure and individual surgeon preference, please follow local workplace requirements to ensure adequate patient preparation.

Bowel preparation

Bowel preparation usually involves modification of diet, ingestion of a laxative or bowel preparation medication and an increase in fluid intake, with an aim to empty and clean the bowel prior to colonoscopy or surgery. This facilitates visualisation of the colon and detection of abnormal growths or areas which may be cancerous. Poor bowel preparation may lead to missed lesions and may result in the procedure being abandoned to be repeated at a later date. Bowel preparation may be used prior to certain bowel surgery, though this has fallen out of favour as part of the enhanced recovery programs.

Bowel preparation would be considered satisfactory if the patient describes their return as a clear yellow fluid (similar to urine) and without any solid matter present.

Anti-embolic devices

Hospitalised patients are at increased risk of developing deep vein thrombosis (DVT) in the lower limb and pelvic veins, on a background of prolonged immobilisation associated with their medical or surgical illness. Patients with DVT are at increased risk of developing a pulmonary embolism. The use of graduated compression stockings in hospitalised patients has been proposed to decrease the risk of DVT¹⁹.

The [Adult VTE risk assessment tool](#) should be completed and unless the procedure is under local anaesthesia without limitation of mobility, compression stockings should be applied.

Completing the checklist

Tick the relevant boxes provided in the checklist. If the boxes checked indicate documentation of a variance is required and / or if the boxes provided are not relevant to the patient or case being undertaken, provide detail in the relevant section provided on page 3 of the checklist.

22. Patient continent of urine

Certain intra-abdominal procedures require the patient to have emptied their bladder prior to surgery to facilitate surgical access and reduce the risk of bladder injury. In general, the risk of urine retention may be increased in the elderly, prostate enlargement, severe constipation, spinal cord injury, neurogenic bladder conditions or tumours. If a patient is unable to urinate, it may be necessary to pass a catheter preoperatively. Clinicians should document the time that the patient last self-voided or alternatively document the presence of an indwelling catheter or use of incontinence aids.

Completing the checklist

Tick 'Yes' to indicate the patient has passed urine. Tick 'No' to indicate the patient has not passed urine and document as a variance on page 3 of the checklist. Provide the last void time in the space provided on the checklist. Tick 'IDC in-situ' to indicate that an indwelling catheter is in use and provide detail on page 3 of the checklist.

23. Relevant documentation

Check that relevant documentation is available and matches the identification of the patient eg. medical record, fluid order sheet, medication chart, fluid balance chart, diabetic chart (if required), identification labels (minimum of three pages), ECG (if required), observation form (Q-ADDS, CEWT, MEWT).

Completing the checklist

Tick 'Yes' to indicate that relevant documentation (eg. medical record, medical chart, fluid order sheet, fluid balance chart, diabetic chart, 3 sheets of patient labels, observation sheet, ECG) are present. Tick 'No' to indicate necessary documentation is not present and provide detail in the section provided on page 3 of the checklist.

24. Patient or substitute decision-maker agrees to clinicians discussing the procedure with the nominated support person

Patients presenting for day surgery need to be accompanied by a responsible adult on discharge from the hospital. Given the effects of recent anaesthetics on a patient's ability to recall information, intra-operative events and post-operative instructions such as wound dressing requirements, medication prescriptions and follow up appointments may need to be discussed with a support person.

Patients may not want certain information disclosed to a third party and therefore clinicians should clarify the needs, expectations and nature of information to be disclosed to support persons with their patients.

Completing the checklist

Tick 'Yes' to indicate the patient or substitute decision-maker agrees to clinicians discussing the procedure with the nominated support person. Document the name of the support person and their contact phone number. Tick 'No' to indicate the patient or substitute decision-maker does not agree to clinicians discussing the procedure with the nominated support person and provide detail in the section provided on page 3 of the checklist.

REFERENCES

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RELATED STANDARDS

- [Australian College of Perioperative Nurses Ltd. \(2020\). Standards](#) for Perioperative Nursing in Australia, Volume 1 Clinical Standards, 16th edition. Adelaide, South Australia – Documentation and patient information management.
- [Australian College of Perioperative Nurses Ltd. \(2020\). Standards](#) for Perioperative Nursing in Australia, Volume 1 Clinical Standards, 16th edition. Adelaide, South Australia – Preoperative patient skin antisepsis.
- NSQHS v2 — Standard 5 — [Comprehensive care](#)
- NSQHS v2 — Standard 6 — [Communicating for safety](#)

CONTACT

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Item	Question	Completing the checklist
	Information provided by:	Tick 'Patient', 'Substitute decision-maker' or 'Other' (eg. carer, close friend, family member) to identify the person providing the information. Document their name and relationship to the patient in the space provided on the checklist
1	Patient or substitute decision-maker to state full name and DOB and confirm full name, DOB and URN match ID band and medical record	Tick 'Yes' to indicate that the patient's identity is confirmed. Tick 'No' to indicate that the patient's identity cannot be confirmed (eg. emergency situations, red blankets etc.) and provide information in the relevant section on page 2 of the checklist. Document the patient's preferred name.
2	Legal documentation (EPOA, ARP, AHD, other)	Tick 'Yes' to indicate the patient has legal documentation and provide detail in the relevant section on page 2 of the checklist. Tick 'No' to indicate the patient does not have legal documentation.
3	Valid procedural consent form completed	Tick 'Yes' to indicate consent has been completed and is valid. Tick 'No' to indicate that there is not a valid consent form and provide detail in the relevant section on page 2 of the checklist. Notify the treating medical officer or relevant clinician that the consent has not been completed.
4	Patient or substitute decision-maker to state procedure in own words and confirm procedure stated corresponds with signed consent form	Tick 'Yes' to indicate that the patient or substitute decision-maker has described the procedure that is to be undertaken in their own words and document the words spoken in the space provided. Tick 'No' to indicate that the patient or substitute decision-maker cannot describe the procedure that is to be undertaken in their own words and provide detail in the relevant section on page 2 of the checklist. Tick 'Team contacted' on page 2 of the checklist to indicate the treating medical officer has been informed.
5	Intended surgical site marked by surgeon	Tick 'Yes' to indicate that the surgical site has been marked by the surgeon. Tick 'No' to indicate that the surgical site has not been marked and provide detail in the relevant section of page 2 of the checklist. Verbalise that the site is not marked to the relevant clinician as part of the clinical handover and tick 'Team contacted' in the variance section on page 2 of the checklist
6	X-rays, medical imaging, PACS	Tick 'Yes' to indicate X-rays, medical imaging or PACS are available and provide detail in the relevant section on page 2 of the checklist. Ensure all hard copies (eg. X-ray films or CDs) accompany the patient to theatre. Tick 'No' to indicate X-rays, medical imaging or PACS are not available or required.
7	Allergy or Adverse Drug Reaction	Tick 'Yes' to indicate the patient has allergies or ADRs and provide detail in the relevant section on page 2 of the checklist. Tick 'Nil known' to indicate the patient is not aware of any allergies or ADRs.
8	Infection precautions	Tick 'Yes' to indicate that current infection or colonisation with resistant organisms have been identified and provide detail in the relevant section on page 2 of the checklist. Ensure early communication of any infection risk to theatre staff. Tick 'Operating theatre contacted' to confirm communication has occurred. Tick 'No' to indicate current infection or colonisation with resistant organisms have not been identified.
9	Cytotoxic medications administered in the last 7 days	Tick 'Yes' to indicate that cytotoxic medications have been administered in the last 7 days and provide detail in the relevant section on page 2 of the checklist. Tick 'No' to indicate that cytotoxic medications have not been administered in the last 7 days.
10	Anticoagulant, antiplatelet agent, thrombolytics or any complementary medicines	Check to ensure the perioperative medication advice has been followed. Tick 'Yes' to indicate that anticoagulants, antiplatelet agents, thrombolytics or any other complementary medicines have been administered in the last 7 days and provide detail in the section provided on page 2 of the checklist. Tick 'No' to indicate that anticoagulants, antiplatelet agents, thrombolytics or any other complementary medicines have not been administered in the last 7 days.
11	Patient refuses blood products	Tick 'Yes' to indicate the patient refuses blood products and provide detail in the section provided on page 2 of the checklist. Ensure the treating medical officer completes a written informed refusal document and tick 'Team contacted' in the section provided. Tick 'No' to indicate that the patient does not object to receiving blood products.
12	Pregnant	Tick 'Yes' to indicate the patient is pregnant. Tick 'No' to indicate that the patient is not pregnant. Tick 'Suspected or unknown' to indicate uncertainty with regards to pregnancy and document as a variance on Page 2 of the checklist. Ensure a Beta HCG urine test is conducted and complete the section provided.

13	Diabetic	Tick 'Yes' to indicate the patient is diabetic and provide detail in the section provided on page 2 of the checklist. Ensure the completed diabetic chart accompanies the patient to theatre. Tick 'No' to indicate the patient is not diabetic.
14	Skin assessment	Tick 'Intact' to indicate there are not issues pertaining to skin integrity. Tick 'Not intact' to indicate that issues pertaining to skin integrity have been identified and provide detail in the section provided on page 2 of the checklist. If an assessment has not been performed, tick 'Not assessed' and provide detail in the section provided on page 2 of the checklist.
	Pressure risk assessment tool completed	Tick 'Yes' to indicate that the Pressure Injury Risk Assessment Tool has been completed. Notify the clinician of any concerns during handover. Tick 'No' to indicate the Pressure Injury Risk Assessment Tool has not been completed and provide detail in the section provided on page 2 of the checklist.
15	Other alerts	Tick 'Yes' to indicate other alerts (eg. falls, interpreter, aggression) are a consideration in the management of the patient and provide detail in the section provided on page 2 of the checklist. Tick 'No' to indicate other alerts are not a consideration in the management of the patient.
16	Fasted	Tick 'Yes' to indicate the patient has fasted and complete the date and time of last intake. Tick 'No' to indicate the patient has not fasted and provide detail in the section provided on page 3 of the checklist. It is important to make the theatre team aware of any patients who have not fasted for the recommended timeframes. Tick the check box provided to indicate that the operating theatre team has been contacted
17	Pre-medication administered and other usual medication withheld	Tick 'Yes' to indicate pre-medication has been administered and provide detail in the section provided on page 3 of the checklist. Tick 'No' to indicate pre-medication has not been administered. Refer to the NIMC during handover. Tick 'Yes' to indicate that other usual medication has been withheld and provide detail in the section provided on page 3 of the checklist. Tick 'No' to indicate that other usual medication has not been withheld. Refer to the source document for a list of the patient's medications (Adult Integrated Pre-procedure Screening Tool, GP summary etc.)
18	Existing implants, prostheses	Tick 'Yes' to indicate the patient has existing implants and / or prostheses and provide detail in the section provided on page 3 of the checklist including the nature and location of each implant / prosthesis. Tick 'No' to indicate the patient has no existing implants and/or prostheses.
19	Caps, crowns, loose teeth, braces or dentures	Tick 'Yes' to indicate the patient has caps, crowns, loose teeth, braces or dentures and provide detail in the section provided on page 3 of the checklist. Tick 'No' to indicate the patient does not have caps, crowns, loose teeth, braces or dentures.
20	Personal aides, items	Tick 'Yes' to indicate the patient has personal aids and / or items and provide detail in the section provided on page 3 of the checklist. Tick 'No' to indicate the patient does not have any personal aids or items.
21	Preparation	Tick the relevant boxes provided in the checklist. If the boxes checked indicate documentation of a variance is required and / or if the boxes provided are not relevant to the patient or case being undertaken, provide detail in the relevant section provided on page 3 of the checklist. Follow local workplace requirement to ensure adequate patient preparation.
22	Patient continent of urine	Tick 'Yes' to indicate the patient has passed urine. Tick 'No' to indicate the patient has not passed urine and document as a variance on page 3 of the checklist. Provide the last void time in the space provided on the checklist. Tick 'IDC in-situ' to indicate that an indwelling catheter is in use and provide detail on page 3 of the checklist.
23	Relevant documentation	Tick 'Yes' to indicate that relevant documentation (eg. medical record, medical chart, fluid order sheet, fluid balance chart, diabetic chart, 3 sheets of patient labels, observation sheet, ECG) are present. Tick 'No' to indicate necessary documentation is not present and provide detail in the section provided on page 3 of the checklist.
24	Patient or substitute decision-maker agrees to clinicians discussing the procedure with the nominated support person	Tick 'Yes' to indicate the patient or substitute decision-maker agrees to clinicians discussing the procedure with the nominated support person. Document the name of the support person and their contact phone number. Tick 'No' to indicate the patient or substitute decision-maker does not agree to clinicians discussing the procedure with the nominated support person and provide detail in the section provided on page 3 of the checklist.