

Requirement	Met	Not Met	Comments
<b>Registration</b>			
Patient check-in process protects privacy			
Two patient identifiers are used to confirm patient identity			
General Consent - signed, dated and timed and witnessed			
Caregiver/Support person identified on the MR			
Power of Attorney/Guardianship papers are reviewed and on chart, if applicable			
Patient Rights (written copy) are available on request			
Advanced directives are placed on medical record, if available			
Advanced directives are available upon request			
Preferred language identified in the medical record – language assistance is available, if applicable			
<b>Pre Operative/Holding Area</b>			
On arrive to the Pre-Operative/Holding area, two patient identifiers are used to confirm patient identity and that the ID band is intact			
Nursing assessment is obtained			
History and Physical is within 30 days of procedure date or update noted			
Surgical Consent - signed, dated, timed, and witnessed			
Surgical Consent has risks, benefits, and alternatives to the procedures as well as the risks and benefits of the alternative documented			
Operative site is marked per organization's policy			
Anesthesiologist examines patient and documents assessment/plan			
Anesthesia Consent - signed, dated, timed and witnessed			
<b>See Anesthesia Tracer for Documentation</b>			
Pre-operative medication given as ordered, if applicable			
IV started as ordered – using proper infection control practices, if applicable			
Pre op antibiotics are started no more than 60 minutes prior to initial incision			
Skin prep performed as ordered, if applicable			
Hand off is provided to the OR RN			
<b>Intra-Operative Area</b>			
<b>Nursing Staff</b>			
Proper attire is worn in the Operating Room – hair covered, no jewelry, beard covers			
All equipment required for the procedure is present – radiology films, lead aprons, implants, c-arm, etc. prior to the start of the case			
No food, drink, outside bags, personal items, etc., in room			
Scrub tech performs a surgical scrub prior to setting up for the procedure			

Requirement	Met	Not Met	Comments
Medication containers, syringes, and bowls are labeled when set up for the procedure			
Staff could verbalize the procedure for labeling medication containers			
Instruments are checked for bioburden, rust, etc. and removed if present			
Instrument container filter and wraps are checked for holes, tears, stains, etc. If compromised the tray is returned to Sterile Processing for reprocessing			
Lead aprons are used when applicable. Dosimeter badges worn.			
<b>Anesthesia</b>			
Anesthesia machine is checked daily and evidence is available for review (American Society of Anesthesiologists)			
Anesthesia machine is checked by anesthesia before each case to make ensure it is operational			
Medications are stored properly/locked when anesthesiologist is not in attendance			
Anesthesia medications are not pre-staged			
Anesthesia sets up anesthesia cart – nothing is pre-staged			
Anesthesia draws up medications for case – wiping vials with alcohol prior to withdrawing medications from the vial			
“Scrub the hub” is performed prior to administration of IV medications			
Unused medications are properly discarded after each case			
Anesthesia is observing patient throughout the procedure			
Hand sanitizer is available between anesthesia’s glove changes			
<b>Patient In Operating Room</b>			
Two patient identifiers checked with patient ID band and verbally			
Paperwork (H&P, consent, images) verified using two identifiers			
Procedural Site is checked for marking per organization’s policy			
Sufficient time is permitted to allow flammable skin preps to completely dry ( x minutes)			
Surgical scrub performed by surgeon and assistant(s) prior to garbing for case			
Draping performed using sterile technique			
Site is visible after draping			
Time out conducted immediately prior to the start of the procedure (incision time)			
Team members give their undivided attention to the time out process			
Each procedure has a time out specific to that procedure – prior to incision time			
Immediate post-op note is completed by the surgeon/proceduralist			
Final operative report is completed per organization’s policy and contains all required elements			
<b>Nursing Post Procedure in Operating Room</b>			

Requirement	Met	Not Met	Comments
Instruments are rinsed/wiped of bioburden, blood, cement, etc.			
Instruments are opened and placed in the instrument container			
Instruments are sprayed with an Enzymatic spray			
Instrument container is placed in the case cart or closed transport system and placed outside the operating room for Sterile Processing to pick up and process			
Sharps are placed in the appropriate sharps container			
PPE is removed and hand hygiene is performed			
<b>Post Anesthesia Care Unit/Recovery Room</b>			
Hand off is received from Anesthesia to RN			
Vital signs are checked and recorded by RN			
Dressings are checked and documented by RN, if applicable			
Drains, tubes, etc. are checked and documented by RN, if applicable			
IV site is checked and amount left in bag noted by RN			
Pain medication is administered as ordered, if applicable			
Pain is reassessed post pain medication administration, per organization's policy and documented, if applicable			
Patient is seen prior to discharge by anesthesia/surgeon			
Discharge Order by the Surgeon			
Anesthesia Order for discharge after Discharge Criteria are met			
Post op instructions are provided to the patient/family/significant other and staff confirm their understanding			
Patient is discharged to a responsible adult			
Children are discharged and a car seat is available per state law			
<b>Housekeeping</b>			
<b>After the patient is moved to Recovery Room</b> housekeeping will clean the room wearing the proper attire, per the instructions for use, for the cleaning solutions			
Floors are mopped			
Equipment is cleaned and disinfected per the information for use			
Cleaning is performed from high areas (lights) to low areas (OR tables, etc.)			
Area under procedure table is free of dust			
Area under mattress is free of dust, tape, tape residue, etc.			
Velcro is free of fiber buildup			
Garbage is removed between cases			
Once completed, PPE is removed and hand hygiene is performed			