## OFFICE-BASED SURGERY

## Patient Safety Checklist

— Pre-Operative —



Clip this checklist to the patient chart and upon completion, insert in file.

Prior to beginning the procedure in the office setting, 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 procedure:	ne safety of my patient u	ndergoing t	this	
<ul> <li>☐ History &amp; Physical Examination Performed</li> <li>☐ Labs and EKG Attached</li> <li>☐ Medications:</li> <li>☐ Prescription</li> <li>☐ Over the Counter (OTC)</li> <li>☐ Herbals or Other Supplements (if check</li> </ul>	☐ Prior Anesthetic Co	omplication	S	2
I have considered the following as they relate to the procedure in my office:	ne safety of my patient u	ndergoing t	this	
□ Procedure is appropriate for office-based surge □ Appropriate office personnel are available for th □ Anesthesia will be administered by a qualified p □ Inter-operative monitoring equipment is presen □ Resuscitative equipment and supplies are avail □ Patient has appropriate transportation home	nis procedure person it and functioning propei	<sup>-</sup> ly		
The following processes have been performed:				
<ul> <li>□ Patient Identifier Checked</li> <li>□ Surgeon Signed the Site</li> <li>□ Appropriate ASA Classification Assigned</li> <li>□ Equipment checked - Present and Functioning</li> </ul>	☐ Primary Care Phys☐ Time-Out Prior to I Properly		ed	
Orthopaedic Surgeon's Signature:				