

ADDRESSOGRAPH

PRE-PROCEDURE CHECKLIST

DIAGNOSIS _____

PROCEDURE: _____

AGE: _____ WEIGHT: _____

ALLERGIES: _____

MOST RECENT VITAL SIGNS:

LOCATION OF PROCEDURE

TEMP: _____

SPECIAL PROCEDURES

SaO₂: _____

DENTAL SUITE

BP: _____

ENDOSCOPY SUITE

HR: _____

MICU (10D)

RR: _____

BRONCHOSCOPY SUITE (7W)

ECHO LAB

CARDIAC CATH LAB

CONTACT PRESCRIBER _____ PAGER/PHONE: _____

- Please complete and send this form with all patients having a procedure with or without sedation
- The following information must be present in the patient's chart prior to the scheduled procedure.

CHART & PATIENT PREPARATION	YES (INITIALS)	NO (INITIALS)	N/A (INITIALS)
IV access established (no butterfly needles). IV access not required for Special Procedures			
NPO as ordered			
Surgical/invasive procedure site marked before sedation administered, if appropriate.			
Pre-medications given, if ordered.			
Current lab results (CBC, Acute Care, PT, PTT, within 7 days; pregnancy, ABG, and PFT results (if ordered)			
CXR, 12-Lead EKG, and/or CT Scan (if ordered)			
Pediatric Emergency Drug Sheets (PEDS) on front of chart			
Labels (20), addressograph, and interim summary in chart			
History and Physical dated/timed within last 30 days			
Isolation sign on chart			
Radioactive label with type of isotope on chart			
Consent signed for the procedure. If not, arrangements made for legal guardian to accompany patient for obtaining consent)			
Recovery Area identified (specify location)			
Arrangements made for transportation home post-procedure (outpatient only)			
Arrangements made for interpreter (if needed)			
Patient/Family teach completed and documented in MIS			
ID band, allergy band, non-metal snap hospital gown on pt.			

VERIFYING RN INITIALS/SIGNATURE _____ DATE/TIME: _____

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REVISED: OCTOBER 2003