

Laparoscopic Cholecystectomy Post-Operative Checklist

Patient Information

Patient Name:

Hospital Number:

Date of Surgery:

Surgeon:

Observations

- ☐ Vital signs monitored and stable
- ☐ Pain assessed and managed
- ☐ Wound/dressing inspected and clean
- ☐ No signs of infection or bleeding

Post-Operative Care

- ☐ Early mobilization encouraged
- ☐ Patient tolerating oral fluids/diet
- ☐ Urine output recorded and adequate
- ☐ Anti-thrombotic measures applied (if indicated)

Instruction & Education

- ☐ Discharge advice given
- ☐ Follow-up appointment arranged
- ☐ Pain medication instructions explained
- ☐ Wound care instructions explained

Notes

Reviewed by:

Date: