

# Cardiac Surgery Pre-Operative Checklist

## Patient Information

Patient Name:

Date of Birth:

Medical Record Number:

Surgery Date:

## Pre-Operative Checks

- ☐ Consent Form Signed
- ☐ Allergies Checked
- ☐ NPO Status Confirmed
- ☐ Pre-op Labs Resulted
- ☐ Blood Products Ready
- ☐ Imaging Reviewed
- ☐ Implants/Devices Available
- ☐ Medications Reviewed
- ☐ Prophylactic Antibiotics Ordered
- ☐ Pre-op ECG Done

## Team Preparation

- ☐ Team Briefing Completed
- ☐ Surgical Site Marked
- ☐ Equipment Checked
- ☐ Anesthesia Ready
- ☐ IV Access Secured

## Comments

Additional Notes: