

Plastic Hand Surgery Pre-Operative Checklist

Patient Information

Name

Date of Birth

Medical Record Number

Surgery Date

Surgery Time

Surgeon

Pre-Operative Checklist

- ☐ Consent form signed
- ☐ ID band checked
- ☐ Surgical site marked
- ☐ Allergies reviewed
- ☐ NPO status verified
- ☐ Pre-op labs reviewed
- ☐ Relevant imaging available
- ☐ Implants/prosthesis ready (if applicable)
- ☐ Pre-op medications given
- ☐ Hand/arm prepped (hygiene)
- ☐ Venous access secured
- ☐ Recent vital signs checked

Special Instructions / Notes

Pre-Op Nurse / Coordinator Verification

Verified By

Date

Signature