**Surgical Safety Checklists and Forms**

This document contains checklists and forms for all stages of fistula, POP, incontinence and genital tract surgeries. Click on the hyperlinks below to navigate to the selected checklist or form.

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# Surgical candidacy checklist

Patient name

Age

Hospital number

Contact phone

Date of triage for surgical candidacy

Contraception method

# live births/ # stillborn/ # alive now

Last menses

Height

Weight

BMI [weight (kg)/height2 (m2)]

* < 18.5 Underweight 🡪Delay surgery for nutritional support
* 18.5-24.9 Normal
* 25.0 – 29.9 Overweight 🡪 Screen for diabetes
* > 30 Obese 🡪 Screen for diabetes

Physical examination assessment summary

* Healthy for surgery
* Not healthy for surgery

Test results

* Full blood count
* Electrolytes & renal function
* Liver functions
* Infectious disease
* Diabetes
* Other blood or urine tests
* EKG/Electrocardiogram

Urine tests

* Proteinuria
* Infection
* Pregnancy

Imaging tests

* Renal sono
* Pelvic sono
* X-Ray
* CT scan
* Other

Wound healing challenges related to surgical site and medical conditions assessed

Medical conditions

Final Assessment (signed by clinician of record)

* Cleared for surgery
* Does not need surgery, but does need admission for medical condition
* Not cleared for surgery, needs admission for medical condition
* Not cleared for surgery, does not need admission

Treatment plan

Date of next assessment for surgical candidacy if not admitted for surgery this date

Interval disposition if not admitted for surgery this date

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# Surgical candidacy form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Age: \_\_\_\_\_\_\_\_ | | | | | | | Hospital no.: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Date of triage for surgical candidacy: \_\_\_\_\_*/*\_\_\_\_\_/\_\_\_\_\_  *(dd/mm/yyyy)* | | | | | | | | | | | | |
| Contraception method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | #Live births/#Stillborn/#Alive now: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | |
| Last menses: \_\_\_\_\_\_\_\_\_\_\_ | | | | | BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [weight (kg) / height2 (m2)] | | | | | | | | | | | | | | | | | |
| Height (in cm): \_\_\_\_\_\_\_\_\_  Weight (in kg): \_\_\_\_\_\_\_\_\_ | | | | | <18.5 Underweight 🡪 *Delay surgery for nutritional support*  18.5-24.9 Normal | | | | | | | | | | | 25.0 – 29.9 Overweight 🡪 *Screen for diabetes*  >30 Obese 🡪 *Screen for diabetes* | | | | | | |
| Physical examination assessment summary: | | | | | | | | | | | | | | | | | | | | | | |
| Healthy for surgery | | | | Not health for surgery | | | | | | | | | | | | | | | |  | | |
| **Test results (*that the patient had done elsewhere that they show to staff at time of triage*)** | | | | | | | | | | | | | | | | | | | | | | |
| Full blood count/Hemogram:  *Test date: \_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | Hgb: \_\_\_\_\_ | | | | | Hematocrit: \_\_\_\_\_ | | | | | | | Platelets: \_\_\_\_\_ | | |
| Electrolytes & renal function:  *Test date: \_\_\_\_\_\_\_\_\_\_* | | | Na: \_\_\_\_\_ | | | | | CI: \_\_\_\_\_ | | | | CO2: \_\_\_\_\_ | | | K+: \_\_\_\_\_ | | | | BUN: \_\_\_\_ | | | Cr: \_\_\_\_ |
| Liver functions:  *Test date: \_\_\_\_\_\_\_\_\_\_* | SGOT: \_\_\_\_\_ | | | | | SGPT: \_\_\_\_\_ | | | Infectious disease:  *Test date: \_\_\_\_\_\_\_\_* | | | | | Hep B: \_\_\_\_ | | | | HIV: \_\_\_\_ | | | Malaria: \_\_\_\_ | |
| Diabetes:  *Test date: \_\_\_\_\_\_\_\_\_\_\_* | | Glucose: \_\_\_\_\_ | | | | | | | Other blood or urine tests:  *Test date: \_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | |
| EKG/Electrocardiogram:  *Test date: \_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | | | | | | | | | | |
| **Imaging results** | | | | | | | | | | | | | | | | | | | | | | |
| Renal sono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Pelvic sono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| X-Ray: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | CT scan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Does patient have diagnosed or potential conditions that will impair wound healing? | | | | | | | | | | | | | | | Yes | | | | | No | | |
| Select all recent, current, acute, chronic or poorly controlled medical conditions of the patient:  *If yes to any, defer date for reconstructive surgery until health improved for optimal wound healing.* | | | | | | | | | | | | | | | | | | | | | | |
| Anemia  Malnutrition  Scurvy or other vitamin deficiencies  Poor tissue quality/active inflammation of fistula defect requiring debridement/ douche/ wound care before surgery | | | | | | | Thyroid disease  Asthma or other pulmonary disease  Cardiovascular disease  Renal failure  Liver disease  Sepsis, malaria, hemorrhagic fever | | | | | | | | | | HIV+, T-cell count <250  Fever of unknown origin  Schistosomiasis  Helminthiasis/intestinal worms  Urinary tract infection  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| **Final Assessment by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Doctor | | Midwife | Nurse |
| Cleared for surgery  Does not need surgery, does need admission for medical condition | Not cleared for surgery but needs admission for medical condition  Not cleared for surgery, does not need admission | | Not a surgical candidate due to:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Treatment plan**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Date of next assessment for surgical candidacy *(dd/mm/yyyy)*: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ | | | | | | | |
| Interval disposition: | | | | | | | |
| Home | | Hospital ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Other local: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Hostel/waiting home | | Other distant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Oher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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# Pre-op clearance checklist

Patient name

Contact phone

Date clearance signed off

Hospital number

GYN Profile completed

* Age
* #Livebirths / #Stillborn / #Alive now
* Last menses
* Lactating
* Current contraception method
* Menopausal

Height

Weight

BMI [weight (kg) / height2 (m2)]

* < 18.5 Underweight 🡪Delay surgery for nutritional support
* 18.5-24.9 Normal
* 25.0 – 29.9 Overweight 🡪 Screen for diabetes
* > 30 Obese 🡪 Screen for diabetes

Medical History / Review of Symptoms

* Allergies
* Pulmonary
* Cardiovascular
* Abdominal
* Neuromuscular
* Obstetric
* Gynecological
* FP assessment
* BP
* Temperature
* Respiration
* Pulse

ASA Classification

Surgical history documented

Medical history documented

NPO status

* Time last fluid intake
* Time last food intake

Consent & preparations

* Consent signed
* Blood available (if necessary)
* Shower (if necessary)
* Enema (if necessary)

Current medications

Test results

* Full blood count
* Electrolytes & renal function
* Liver functions
* Infectious disease
* Diabetes
* Other blood or urine tests
* EKG/Electrocardiogram
* Pregnancy test

Imaging tests

* Renal sono
* Pelvic sono
* X-Ray
* CT scan
* Other

Surgeon validates clearance

Anesthesia clinician validates clearance

Nurse validates consent on chart, all pre-operation conditions met

Intra-operative anesthesia record

* Drugs
* Anesthesia given
* Fluid balance
* Blood transfusion

# Pre-op clearance form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date: \_\_\_\_\_\_\_\_ | | | | | Hospital no.: \_\_\_\_\_ | |
| Gyn Profile |  | | | | | Height: \_\_\_\_ cm | | | | | | | | Weight: \_\_\_\_ kg | | | |
| Age: \_\_\_\_\_\_\_\_  # Live births: \_\_  # Stillborn: \_\_\_\_  # Alive now: \_\_\_ | Last menses: \_\_\_\_\_\_\_  Lactating: \_\_\_\_\_\_\_\_\_\_  Contraception: \_\_\_\_\_\_  Menopausal: \_\_\_\_\_\_\_ | | | | | BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [weight (kg) / height2 (m2)]  <18.5 Underweight 🡪 *Delay surgery for nutritional support*  18.5-24.9 Normal  25.0 – 29.9 Overweight 🡪 *Screen for diabetes*  > 30 Obese 🡪 *Screen for diabetes* | | | | | | | | | | | |
| **Medical History / Review of Systems** | | | | | | | | | | | | | | | | | |
| Allergies: | | | | | | | Obstetric: | | | | | | | | | | |
| Pulmonary: | | | | | | | Gynecological: | | | | | | | | | | |
| Cardiovascular: | | | | | | | FP assessment: | | | | | | | | | | |
| Abdominal: | | | | | | | BP: \_\_\_\_\_/\_\_\_\_\_mmHg | | | | | | Temperature: \_\_\_\_\_oC or oF | | | | |
| Neuromuscular: | | | | | | | Respiration: \_\_\_\_/min | | | | | | Pulse: \_\_\_\_\_\_\_\_\_bpm | | | | |
|  | | | | | | | | | | | | | | | | | |
| ASA Classification *(see next page)*: | | | | ASA I | | | | ASA II | | ASA III | | ASA IV | | | ASA V | | ASA VI |
| Past medical history documented | | | | | Past surgical history documented | | | | | | | | | | | | |
| NPO Status: | | Consent & Preparation | | | | | | | Current Medications: | | | | | | | | |
| time last fluid intake:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  time last food intake:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Consent signed  Blood available (if necessary)  Shower (if necessary)  Enema (if necessary) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

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| **Test results *(that the patient had done elsewhere that they show to staff at time of triage)*** | | | | | | | | | | | | | | | | | | |
| Full blood count/Hemogram:  *Test date: \_\_\_\_\_\_\_\_\_\_\_\_* | | | | | Hgb: \_\_\_\_\_ | | | | | Hematocrit: \_\_\_\_\_ | | | | | Platelets: \_\_\_\_\_ | | |
| Electrolytes & renal function:  *Test date: \_\_\_\_\_\_\_\_\_\_* | | | Na: \_\_\_\_\_ | | | CI:  \_\_\_\_\_ | | | CO2:  \_\_\_\_\_ | | | K+:  \_\_\_\_\_ | | BUN:  \_\_\_\_\_ | | | Cr:  \_\_\_\_\_ |
| Liver functions:  *Test date: \_\_\_\_\_\_\_\_\_\_* | SGOT: \_\_\_\_\_ | | | SGPT: \_\_\_\_\_ | | | Infectious disease:  *Test date: \_\_\_\_\_\_\_\_* | | | | Hep B: \_\_\_\_ | | HIV: \_\_\_\_ | | | Malaria: \_\_\_\_ | |
| Diabetes:  *Test date: \_\_\_\_\_\_\_\_\_\_\_* | | Glucose: \_\_\_\_\_ | | | | | Other blood or urine tests:  *Test date: \_\_\_\_\_\_\_\_\_* | | | | | | | | | | |
| EKG/Electrocardiogram:  *Test date: \_\_\_\_\_\_\_\_\_* | | | | | | | Pregnancy test:  *Test date: \_\_\_\_\_\_\_\_\_* | | | | | | | | | | |
| **Imaging results** | | | | | | | | | | | | | | | | | |
| Renal sono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Pelvic sono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| X-Ray: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | CT scan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |

**Surgeon, anesthetist and ward nurse must sign off:**

Surgeon validates patient CLEARED FOR SURGERY: signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_

Anesthetist validates patient CLEARED FOR SURGERY signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_

Ward nurse validates patient PREPPED FOR SURGERY signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_

**Intra-Operative Anesthesia Record**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Pre-medication: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drugs** | | | | | | *Dose* | | | | *Route* | | | | *Time* | | | **Anesthesia given** | | | | | | | | | | | | | | | | |
| 1. | | | | | |  | | | |  | | | |  | | | Spinal anesthesia | | | | | | | | | | | | | | | | |
| 2. | | | | | |  | | | |  | | | |  | | | Puncture level: \_\_\_\_\_ | | | | | | | | | Injection time: \_\_\_\_\_ | | | | | | | |
| 3. | | | | | |  | | | |  | | | |  | | | Drug used & dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| 4. | | | | | |  | | | |  | | | |  | | | Sensory level: before operation \_\_\_\_\_\_\_\_\_  after operation \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| 5. | | | | | |  | | | |  | | | |  | | |
| 6. | | | | | |  | | | |  | | | |  | | | General anesthesia | | | | | | | | | | | | | | | | |
| 7. | | | | | |  | | | |  | | | |  | | | * Ketmaine | | | | | | | * Gas, type: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 8. | | | | | |  | | | |  | | | |  | | | Endotracheal intubation: | | | | | | | | | | | * yes | | | | * no | |
| **Fluid balance** | | | | | | | | | | | | | | | | | Local anesthesia | | | | | | | | | | | | | | | | |
| *Time* | *Infusion (type/mL)* | | | | | *Urine output* | | | | | | *Vomitus* | | | | | **Blood transfusion** | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | |  | | | | | Patient blood group & rhesus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | |  | | | | | *Time* | | *Donor blood group* | | | | | | | *Bag #* | | | | *Volume (mL)* | | | |
|  |  | | | | |  | | | | | |  | | | | |  | |  | | | | | | |  | | | |  | | | |
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| **O2/min** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **SPO2** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **ETCO2** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **200** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **190** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **180** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **170** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **160** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **150** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **140** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **130** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **120** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **110** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **100** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **90** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **80** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **70** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **60** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **50** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **40** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **30** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **20** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **10** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |
| **Start** | |  |  |  |  | |  |  | | |  | |  | |  |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |

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| **ASA PHYSICAL STATUS CLASSIFICATION SYSTEM** |
| Last approved by the ASA House of Delegates on October 15, 2014  Current definitions (NO CHANGE) and Examples (NEW) |

|  |  |  |
| --- | --- | --- |
| ASA PS Classification | Definition | Examples, including, but not limited to: |
| ASA I | A normal healthy patient | Healthy, non-smoking, no or minimal alcohol use |
| ASA II | A patient with mild systemic disease | Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease |
| ASA III | A patient with severe systemic disease | Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents. |
| ASA IV | A patient with severe systemic disease that is a constant threat to life | Examples include (but not limited to): recent ( < 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis |
| ASA V |  | Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction |
| ASA VI | A declared brain-dead patient whose organs are being removed for donor purposes |  |

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| \*The addition of “E” denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)  These definitions appear in each annual edition of the [ASA Relative Value Guide](https://ecommerce.asahq.org/p-860-2016-relative-value-guidesupsup-package.aspx)®. There is no additional information that will help you further define these categories. |
| Source: <https://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>  Table was reformatted from the source. |

# WHO surgical safety checklist



# Operation report checklist

Patient name

Contact phone

Hospital number

Date of surgery

Consent signed/in client record

Surgeon

Anesthetist/anesthesiologist

Surgical assist 1

Surgical assist 2

Anesthesia type

Surgical approach

WHO checklist completed (parts I, II & III)

Fluid(s)

* Intake of IV fluid and blood products quantified
* Output of urine quantified and estimated volume loss of blood and other body fluid(s) documented

All procedures listed

Peri-op sentinel events documented

Exam under anesthesia described, if carried out

Narrative of operation completed, including all procedures done, surgical technique used, sutures used, drains placed, complications

Post-op status documented, including level of alertness and airway status, all drains documented, disposition from post-anesthesia care unit to ward or intensive care documented

Post-op status narrative

# Operation report form

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Hospital no.: \_\_\_\_\_\_\_\_ |
| Date of surgery *(dd/mm/yyyy)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Consent signed/in patient record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Surgeon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Surgical assist 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Anesthetist/Anesthesiologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Surgical assist 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Anesthesia type:** | |  | | | | **Surgical approach:** | | **WHO checklist completed:** | | |
| Spinal  Epidural  Spinal convert to GA Ketamine  spinal convert to GA intubated | GA Ketamine/other heavy sedation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gas, type: \_\_\_\_\_\_\_\_\_  Endotracheal intubation | | | | | Vaginal  Abdominal  Vaginal/Abdominal | | Part I  Part II  Part III | | |
| Estimated blood loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml | | | | | | | IV Fluids in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml | | | |
| Urine output intra-op: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml | | | | | | | Blood products in: \_\_\_\_\_\_ units I type: \_\_\_\_\_\_\_\_\_\_ | | | |
| Procedures list: | | | | | | |  | | | |
|  | | |  | | | | |  | | |
|  | | |  | | | | |  | | |
|  | | |  | | | | |  | | |
| Sentinel Events: | | | | | | | | | | |
| None intra-op  High spinal  Aspiration  Respiratory arrest | Cardiac arrest  Ureter or kidney  Intestines  Major blood vessels | | | | Surgical hemorrhage requiring transfusion intra/post-op  Admission to intensive care  Death | | | | | |
| Exam under anesthesia narrative: | | | | | | | | | | |
| Operation narrative: | | | | | | | | | | |
| Post-op status: | | | | | | | | | | |
| Drains urinary tract | | | | | Alert, breathing room air | | | | Disposition: | |
| Size: \_\_\_\_\_\_\_\_\_\_ Foley per urethra+ | | | | | Alert, intubated | | | | To PACU > Ward | |
| Size: \_\_\_\_\_\_\_\_\_\_ Foley/other suprapubic tube | | | | | Not alert | | | | To PACU/ICU | |
| Size: \_\_\_\_\_\_\_\_\_\_ ureteric catheter L | | | | |  | | | | To other | |
| Size: \_\_\_\_\_\_\_\_\_\_ ureteric catheter R | | | | | Drain abdominal  Drain other: \_\_\_\_\_\_\_\_\_ | | | | Drain labial R  Drain labial L | |
| Post-op status narrative: | | | | | | | | | | |

# Patient transport checklist

Patient name

Patient record number

Hospital number

Date of surgery

Diagnosis

Transport from Ward to Theater

* Ward nurse hand-over to transport staff follows protocol
* Transport staff hand-over from ward nurse and to theater receiving nurse follows protocol
* Pre-op holding area nurse receipt of patient from transport staff and turn-over to theatre room staff follows protocol
* Peri-op WHO surgical safety checklist section 1 completed before entering operating theatre room

Transport from Theater to Post-Anesthesia Care Unit (PACU) to Ward

* Peri-op WHO surgical safety checklist section 3 completed before patient departs operating theatre room
* Theatre nurse hand-over to PACU nurse follows protocol
* PACU nurse hand-over to transport staff follows protocol
* Transport staff pick-up from PACU nurse and hand-over to ward nurse follows protocol
* Ward nurse receipt of patient to ward from transport staff follows protocol

# Patient transport form

|  |  |  |
| --- | --- | --- |
| Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Patient record no.: \_\_\_\_\_\_\_\_ | |
| Date of surgery *(dd/mm/yyyy)*: \_\_\_\_\_\_\_\_\_\_\_ | Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **1. Transport Pre-Op from Ward to Theater** |  | |
| Ward Nurse – Transport Checklist Before Surgery: Travel Ward to Theater | | |
| Patient name and hospital number verified on ward | | |
| Patient states that she is having surgery, why having surgery, agrees to having surgery, signed consent is in the medical record | | |
| Patient transported along with complete medical record/all lab and imaging test results/signed consent form | | |
| Hand-off report to receiving operating theatre nurse completed | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Transport Staff – Checklist Before Surgery: Travel Ward to Theater | | |
| Patient name and hospital number verified on ward | | |
| Patient states that she is having surgery, why having surgery, agrees to having surgery, signed consent is in the medical record | | |
| Patient transported along with complete medical record/all lab and imaging test results/signed consent form | | |
| Hand-off report to receiving operating theatre nurse completed | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pre-Op Area Nurse – Checklist: Travel Pre-Op Holding Area to Theater Room | | |
| Patient name and hospital number verified on arrival | | |
| Patient states that she is having surgery, why having surgery, agrees to having surgery, signed consent is in the medical record  Hand-off report from transport nurse completed  Patient received along with complete medical record/all lab and imaging test results/signed consent form  Anesthesia and OT staff aware of patient arrival to pre-op area  Blood products available if required  Part I of WHO Surgical Safety Checklist completed before entering operating theater room | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **2. Transport Post-Op from Theater to Ward** |  | |
| OT Nurse – Transport Checklist After Surgery: Travel Theater to PACU | | |
| Patient name and hospital number verified in theater | | |
| WHO Checklist Part III completed – patient stable to leave theater | | |
| Patient transported along with complete medical record & post-op orders completed | | |
| Hand-off report to receiving PACU nurse completed | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Transport Staff – Checklist After Surgery: Travel PACU to Ward | | |
| Patient name and hospital number verified before departing PACU | | |
| Hand-off report from PACU nurse completed | | |
| Patient transported along with complete medical record, intravenous line and drains secured | | |
| Hand-off report to receiving ward nurse completed | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ward Nurse – Checklist After Surgery: Travel PACU to Ward | | |
| Patient name and hospital number verified, on arrival | | |
| Vital signs and pain scale evaluation completed on arrival  Hand-off report from transport staff completed  Patient received along with complete medical record and post-op orders  Patient drains secured, catheter patency assured, IV fluids running, pain management successfully addressed  Surgeon notified immediately of instabilities on arrival  On-call surgeon identified, contact information secured  Post-op medications secured | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Post-op daily care checklist

Patient name

Patient record number

Date

Post-op day documented

Daily review patient symptoms for

* + Pain
  + Incontinence
  + Flatus/bowel movement
  + Nausea/Vomiting
  + Appetite
  + Activity/ambulation
  + Febrile sensations
  + Headache
  + Quality of sleep
  + Bleeding
  + Constipation
  + Urination
  + Mental health

Vital signs

* + 24-hour max temp
  + Current temp
  + Pulse
  + Respirations
  + Blood pressure
  + Pulse oximetry (as available and indicated)

Intake output calculations

* + Intravenous fluids
  + Oral fluid estimate
  + Urine out
  + Blood/fluids per abdominal or labial drain

Catheter patency and security

Quality of urine

Status all non-urinary tract drains

Vaginal packing

Medications review

Examination

* + General appearance – pain scale MD assessment
  + Status of incision(s)
  + Signs of anemia
  + Signs of ureteric obstruction
  + Signs of bowel obstruction
  + Signs of fistula recurrence
  + Signs of active bleeding or stable hematoma
  + Signs of atelectasis or pneumonia
  + Signs of cardiac failure, other cardiac decompensation
  + Vaginal bleeding, pack in situ, vaginal purulence, vaginal incontinence
  + Status of lower extremities

Postop day summary assessment

# Post-op daily care form

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Patient record no.: \_\_\_\_\_\_ | | | | |
| Post-Op Day #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date *(dd/mm/yyyy)*: \_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Daily Review Patient Symptoms** | | | | | | https://localtvkstu.files.wordpress.com/2015/02/image1.gif | | | | |
| Location of pain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| How much does it hurt? (1-10): \_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Incontinent: | | | Yes | | No |
| Urine | | Stool |
| Passed flatus or stool? | | | Yes | | No |
| Nausea or vomiting? | | | Yes | | No | Other symptoms: | | | | |
| Hungry? | | | Yes | | No |  | | | | |
| Out of bed? | | | Yes | | No |  | | | | |
| Fever? | | | Yes | | No |  | | | | |
| Headache? | | | Yes | | No |  | | | | |
| **Examination Findings** | | | | | | | | | | |
| *Vital Signs* | | | | | | | | | | |
| Max temp/ 24 hrs: | | Last temperature: | | | Pulse: | Respirations: | | BP: | Pulse-Ox: | |
|  | |  | | |  |  | |  |  | |
| Intravenous fluid: | | Type: | | | 24 hour IV volume in: | | | Oral fluids? | | |
|  | |  | | |  | | | Yes | No | |
| *Urine* | | | | | | | | | | |
| Max temp/ 24 Catheter(s) patent & secured: | | 24 hours Bladder collection bag urine output: | | | 24 hours Right ureter output: | | 24 hours Left ureter output: | Clear or cloudy or hematuria: | | Concentrated or dilute: |
| Yes | No |  | | |  | |  |  | |  |
| *Other Drains* | | | | | | | | | | |
| 24 hour volume Abdominal drain: | | | | 24 hour volume Labial drain: | | | | 24 hour volume Other drain(s): | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Medications* | | | | | | | | | | |
| Analgesia: | | Stool softeners: | | | | | | Antibiotic: | | |
| Vaginal estrogen: | | Antispasmodics: | | | | | | Vitamin C: | | |
| Other: | | Family planning method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Started  Continued | | | | | | | | |
| **Post-Operation Examination** | | | | | | | | | | |
| General appearance: | | | Signs of anemia: | | | Dehydrated: | | | | |
|  | | |  | | | Yes | | No | | |
| Head & Neck: | Skin: | | Lungs: | Heart: | | Flank pain: | | | | |
|  |  | |  |  | | Right | Yes | | | No |
|  |  | |  |  | | Left | Yes | | | No |
| Vulva:  Anatomy –  Normal  Abnormal, describe:  Continent  Active bleeding  Leaking from catheter connection (artifactual incontinence)  Incontinent of –  Urine per urethra  Urine per vagina  Stool per anus  Stool per vagina | | | Vagina pack:  In  Removed  Removed prior day  Vaginal exam:  Deferred  Done/ findings | | | Abdomen:  Soft  Distended | | | Guarding –  Yes  No | |
| Rebound –  Yes  No | | | Bowel sounds –  Yes  No | |
| Hepatosplenomegaly – | | | | |
| Urethral meatus:  Normal  Abnormal, describe: | | | Yes  No  Abdominal incision: | | | | |
| Extremities:  Normal  Edema right  Edema left | | Tender right  Tender left |  | | | | |
| Plan (include family planning method, if discussed): | | | | | | | | | | |

# Discharge summary checklist

Patient Name

Contact phone

Hospital number

Patient record number

Client Tracker completed

Date of admission

Date of surgery

Date of discharge/Total LOS

Total days bladder catheter

Summary of hospitalization

* + Indication(s) for admission:
  + Surgery(s) and dates:
  + Sentinel events:
  + General narrative time in hospital

Discharge medications list

Discharge activities at home recommendations list

* + Hygiene
  + Activities and work
  + Nutrition
  + Sexual activity

Method of family planning assessed and addressed in eligible clients

Staged surgery or non-surgical care indicated (describe)

* + Nonsurgical management
  + Surgical management

Date to return for follow up assessment

Transportation secured for follow-up assessment

Method of contact patient to staff for urgent interval questions

# Discharge summary form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Hospital no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Patient record no.: \_\_\_\_\_\_\_\_\_\_ | |
| Client Tracker completed | Yes | No | |  |
| Date of admission *(dd/mm/yyyy)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date of surgery *(dd/mm/yyyy)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of discharge / Total LOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Total days bladder catheter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Summary of Hospitalization** | | | | |
| Indication(s) for admission: | | | | |
|  | | | | |
| Surgery(s) and dates: | | | | |
|  | | | | |
| Sentinel Events: | | | | |
|  | | | | |
| General narrative of time in hospital: | | | | |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Discharge Medications List** | | | | | | | | | | | | | | | | | | |
| Medication | | | Route | | | | Dose | | | | | | | Frequency | | | | # of Days |
|  | | |  | | | |  | | | | | | |  | | | |  |
|  | | |  | | | |  | | | | | | |  | | | |  |
|  | | |  | | | |  | | | | | | |  | | | |  |
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|  | | |  | | | |  | | | | | | |  | | | |  |
| **Recommended home activities at discharge** | | | | | | | | | | | | | | | | | | | |
| Bathing regimen –  Shower ok  Bath tub ok | | | | | Perineal lavage  Catheter care training completed | | | | | | House work  Field work  Market work  Office work | | | | | Nothing per vagina pending return to clinic  Sexual relations permitted | | | |
| Daily water intake: | | | | | | | | Vitamins & mineral supplements: | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| **Method of family planning assessed** | | | | | | | | | | | | | | | | | | | |
| Not eligible for PF  Deferred | | | | Eligible for FP –  Counsel completed  Counsel not completed | | | | | | | | | | | | | | | |
| None  Rhythm  Withdrawal  Condom male  Condom female  Spermicide | | | | Diaphragm  Cervix cap  Oral pills  Depo-Provera  Implant | | | | | | IUCD  Vasectomy  Tubal ligation  Abstinence  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |
| Addressed in eligible clients: | | | | | | Yes | | | No | | | | | | | | | | |
| **Staged Surgery or Non-Surgical Care Indicated (Describe)** | | | | | | | | | | | | | | | | | | | |
| Nonsurgical management | | | | | | | | | | | | Surgical management | | | | | | | |
| Fistula | | Vaginal fibrosis/stenosis | | | | | | | | | | Fistula | | | Vaginal fibrosis/stenosis | | | | |
| POP | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | POP | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Incontinence | |  | | | | | | | | | | Incontinence | | |  | | | | |
| Date to return for follow up assessment *(dd/mm/yyyy)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| Transportation secured for follow-up assessment: | | | | | | | | | | | | |  | | | |  | | |
| Yes | No | | | | | | | | | | | |  | | | |  | | |
| Method of contact patient to staff for urgent interval questions | | | | | | | | | | | | | | | | | | | |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |