**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

#

# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#

# 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

|  |  |  |  |
| --- | --- | --- | --- |
| 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) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **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**

|  |
| --- |
| 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)* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **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** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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 dayVaginal exam:[ ]  Deferred[ ]  Done/ findings | Abdomen:[ ]  Soft [ ]  Distended | Guarding –[ ]  Yes [ ]  No |
| Rebound –[ ]  Yes[ ]  No | Bowel sounds –[ ]  Yes[ ]  No |
| Hepatosplenomegaly – |
| Urethral meatus:[ ]  Normal[ ]  Abnormal, describe: | [ ]  Yes[ ]  NoAbdominal 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |