

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: _____

Height (in cm): _____

Weight (in kg): _____

BMI: _____ [weight (kg) / height ² (m ²)]	
<input type="checkbox"/> <18.5 Underweight → <i>Delay surgery for nutritional support</i>	<input type="checkbox"/> 25.0 – 29.9 Overweight → <i>Screen for diabetes</i>
<input type="checkbox"/> 18.5-24.9 Normal	<input type="checkbox"/> >30 Obese → <i>Screen for diabetes</i>

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: _____	Cl: _____	CO ₂ : _____	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.

<input type="checkbox"/> Anemia	<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> HIV+, T-cell count <250
<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Asthma or other pulmonary disease	<input type="checkbox"/> Fever of unknown origin
<input type="checkbox"/> Scurvy or other vitamin deficiencies	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Schistosomiasis
<input type="checkbox"/> Poor tissue quality/active inflammation of fistula defect requiring debridement/ douche/ wound care before surgery	<input type="checkbox"/> Renal failure	<input type="checkbox"/> Helminthiasis/intestinal worms
	<input type="checkbox"/> Liver disease	<input type="checkbox"/> Urinary tract infection
	<input type="checkbox"/> Sepsis, malaria, hemorrhagic fever	<input type="checkbox"/> 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: _____

Other: _____

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: _____ Last menses: _____	BMI: _____ [weight (kg) / height ² (m ²)]	
# Live births: ____ Lactating: _____	<input type="checkbox"/> <18.5 Underweight → <i>Delay surgery for nutritional support</i>	
# Stillborn: ____ Contraception: _____	<input type="checkbox"/> 18.5-24.9 Normal	
# Alive now: ____ Menopausal: _____	<input type="checkbox"/> 25.0 – 29.9 Overweight → <i>Screen for diabetes</i>	
	<input type="checkbox"/> ≥ 30 Obese → <i>Screen for diabetes</i>	

Medical History / Review of Systems

Allergies:	Obstetric:	
Pulmonary:	Gynecological:	
Cardiovascular:	FP assessment:	
Abdominal:	BP: ____ / ____ mmHg	Temperature: ____ °C or °F
Neuromuscular:	Respiration: ____ /min	Pulse: ____ bpm

ASA Classification (<i>see next page</i>): <input type="checkbox"/> ASA I <input type="checkbox"/> ASA II <input type="checkbox"/> ASA III <input type="checkbox"/> ASA IV <input type="checkbox"/> ASA V <input type="checkbox"/> ASA VI		
<input type="checkbox"/> Past medical history documented <input type="checkbox"/> Past surgical history documented		
NPO Status: time last fluid intake: _____ time last food intake: _____	Consent & Preparation <input type="checkbox"/> Consent signed <input type="checkbox"/> Blood available (if necessary) <input type="checkbox"/> Shower (if necessary) <input type="checkbox"/> Enema (if necessary)	Current Medications: _____ _____ _____

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: _____	Cl: _____	CO ₂ : _____
	K+: _____	BUN: _____	Cr: _____
Liver functions: Test date: _____	SGOT: _____	SGPT: _____	Infectious disease: Test date: _____
	Glucose: _____		Hep B: _____ HIV: _____ Malaria: _____
Diabetes: Test date: _____	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, anesthesiologist and ward nurse must sign off:

Surgeon validates patient CLEARED FOR SURGERY: signature: _____ date: _____

Anesthesiologist validates patient CLEARED FOR SURGERY signature: _____ date: _____

Ward nurse validates patient PREPPED FOR SURGERY signature: _____ date: _____



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	

*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®](#). 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

Surgical Safety Checklist



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

Before induction of anaesthesia

Before skin incision

Before patient leaves operating room

(with at least nurse and anaesthetist)

(with nurse, anaesthetist and surgeon)

(with nurse, anaesthetist and surgeon)

Has the patient confirmed his/her identity, site, procedure, and consent?

 Yes

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

 Yes
 Not applicable

Nurse Verbally Confirms:

 The name of the procedure
 Completion of instrument, sponge and needle counts
 Specimen labelling (read specimen labels aloud, including patient name)
 Whether there are any equipment problems to be addressed

Is the site marked?

 Yes
 Not applicable

Anticipated Critical Events

To Surgeon:

 What are the critical or non-routine steps?
 How long will the case take?
 What is the anticipated blood loss?

To Anaesthetist:

 Are there any patient-specific concerns?

To Nursing Team:

 Has sterility (including indicator results) been confirmed?
 Are there equipment issues or any concerns?

Is essential imaging displayed?

 Yes
 Not applicable

To Surgeon, Anaesthetist and Nurse:

 What are the key concerns for recovery and management of this patient?

Is the anaesthesia machine and medication check complete?

 Yes

Does the patient have a:

Known allergy?

 No
 Yes

Difficult airway or aspiration risk?

 No
 Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

 No
 Yes, and two IVs/central access and fluids planned

Is the pulse oximeter on the patient and functioning?

 Yes

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2009
© WHO, 2009



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: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Spinal convert to GA Ketamine <input type="checkbox"/> Spinal convert to GA intubated <input type="checkbox"/> GA Ketamine/other heavy sedation: _____ <input type="checkbox"/> Gas, type: _____ <input type="checkbox"/> Endotracheal intubation	Surgical approach: <input type="checkbox"/> Vaginal <input type="checkbox"/> Abdominal <input type="checkbox"/> Vaginal/Abdominal	WHO checklist completed: <input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III
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Estimated blood loss: _____ ml IV Fluids in: _____ ml

Urine output intra-op: _____ ml Blood products in: _____ units I type: _____

Procedures list:		
1.	2.	3.
4.	5.	6.
7.	8.	9.

Sentinel Events:

- | | | |
|---|--|--|
| <input type="checkbox"/> None intra-op | <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Surgical hemorrhage requiring transfusion intra/post-op |
| <input type="checkbox"/> High spinal | <input type="checkbox"/> Ureter or kidney | <input type="checkbox"/> Admission to intensive care |
| <input type="checkbox"/> Aspiration | <input type="checkbox"/> Intestines | <input type="checkbox"/> Death |
| <input type="checkbox"/> Respiratory arrest | <input type="checkbox"/> Major blood vessels | |

Exam under anesthesia narrative:

Operation narrative:

Post-op status:

Drains urinary tract Size: _____ Foley per urethra+ Size: _____ Foley/other suprapubic tube Size: _____ ureteric catheter L Size: _____ ureteric catheter R	<input type="checkbox"/> Alert, breathing room air <input type="checkbox"/> Alert, intubated <input type="checkbox"/> Not alert	Disposition: <input type="checkbox"/> To PACU > Ward <input type="checkbox"/> To PACU/ICU <input type="checkbox"/> To other
	<input type="checkbox"/> Drain abdominal <input type="checkbox"/> Drain other: _____	<input type="checkbox"/> Drain labial R <input type="checkbox"/> 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 #: _____

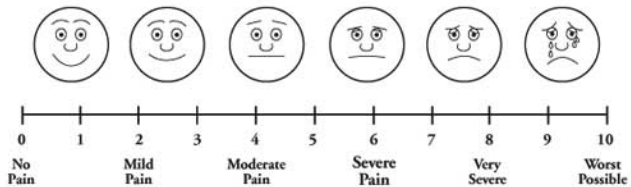
Date (dd/mm/yyyy): _____

Daily Review Patient Symptoms

Location of pain: _____

How much does it hurt? (1-10): _____

HOW MUCH DOES IT HURT?



Incontinent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Urine	<input type="checkbox"/> Stool
Passed flatus or stool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hungry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Out of bed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other symptoms:

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Urine

Max temp/ 24 Catheter(s) patent & secured: <input type="checkbox"/> Yes <input type="checkbox"/> No	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:
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Other Drains

24 hour volume Abdominal drain:	24 hour volume Labial drain:	24 hour volume Other drain(s):
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Medications

Analgesia:	Stool softeners:	Antibiotic:
Vaginal estrogen:	Antispasmodics:	Vitamin C:
Other:	Family planning method: _____ <input type="checkbox"/> Started <input type="checkbox"/> Continued	

Post-Operation Examination

General appearance:		Signs of anemia:		Dehydrated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Head & Neck:	Skin:	Lungs:	Heart:	Flank pain: Right <input type="checkbox"/> Yes <input type="checkbox"/> No Left <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vulva: Anatomy – <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, describe: <input type="checkbox"/> Continent <input type="checkbox"/> Active bleeding <input type="checkbox"/> Leaking from catheter connection (artificial incontinence) Incontinent of – <input type="checkbox"/> Urine per urethra <input type="checkbox"/> Urine per vagina <input type="checkbox"/> Stool per anus <input type="checkbox"/> Stool per vagina		Vagina pack: <input type="checkbox"/> In <input type="checkbox"/> Removed <input type="checkbox"/> Removed prior day Vaginal exam: <input type="checkbox"/> Deferred <input type="checkbox"/> Done/ findings		Abdomen: Guarding – <input type="checkbox"/> Soft <input type="checkbox"/> Yes <input type="checkbox"/> Distended <input type="checkbox"/> No Rebound – Bowel sounds – <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Hepatosplenomegaly – <input type="checkbox"/> Yes <input type="checkbox"/> No Abdominal incision:	
		Urethral meatus: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, describe:			
		Extremities: <input type="checkbox"/> Normal <input type="checkbox"/> Tender right <input type="checkbox"/> Edema right <input type="checkbox"/> Tender left <input type="checkbox"/> Edema 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 – | <input type="checkbox"/> Perineal lavage | <input type="checkbox"/> House work | <input type="checkbox"/> Nothing per vagina |
| <input type="checkbox"/> Shower ok | <input type="checkbox"/> Catheter care | <input type="checkbox"/> Field work | pending return to clinic |
| <input type="checkbox"/> Bath tub ok | training completed | <input type="checkbox"/> Market work | <input type="checkbox"/> Sexual relations |
| | | <input type="checkbox"/> Office work | permitted |

Daily water intake:	Vitamins & mineral supplements:
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Method of family planning assessed

<input type="checkbox"/> Not eligible for PF	Eligible for FP –	
<input type="checkbox"/> Deferred	<input type="checkbox"/> Counsel completed	<input type="checkbox"/> Counsel not completed
<input type="checkbox"/> None	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> IUCD
<input type="checkbox"/> Rhythm	<input type="checkbox"/> Cervix cap	<input type="checkbox"/> Vasectomy
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Oral pills	<input type="checkbox"/> Tubal ligation
<input type="checkbox"/> Condom male	<input type="checkbox"/> Depo-Provera	<input type="checkbox"/> Abstinence
<input type="checkbox"/> Condom female	<input type="checkbox"/> Implant	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Spermicide		

Addressed in eligible clients: Yes No

Staged Surgery or Non-Surgical Care Indicated (Describe)

Nonsurgical management <input type="checkbox"/> Fistula <input type="checkbox"/> Vaginal fibrosis/stenosis <input type="checkbox"/> POP <input type="checkbox"/> Other: _____ <input type="checkbox"/> Incontinence	Surgical management <input type="checkbox"/> Fistula <input type="checkbox"/> Vaginal fibrosis/stenosis <input type="checkbox"/> POP <input type="checkbox"/> Other: _____ <input type="checkbox"/> 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: _____

