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.

1. Surgical candidacy checklist (p. 2)
   Surgical candidacy form (p. 3-4)
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   Post-op daily care form (p. 16-17)
7. Discharge summary checklist (p. 18)
   Discharge summary form (p. 19-20)
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)/height\(^2\) (m\(^2\))]
  - < 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 for diabetes
☐25.0 – 29.9 Overweight ➔ Screen for diabetes
☐18.5-24.9 Normal ➔ Screen for diabetes

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): __________

☐<18.5 Underweight ➔ Delay
☐25.0 – 29.9 Overweight ➔ Screen for diabetes
☐18.5-24.9 Normal ➔ Screen for diabetes

Physical examination assessment summary:
☐ Healthy for surgery ☐ Not healthy for surgery

Test results (that the patient had done elsewhere that they show to staff at time of triage)

<table>
<thead>
<tr>
<th>Test results</th>
<th>Hgb: _____</th>
<th>Hematocrit: _____</th>
<th>Platelets: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full blood count/Hemogram: Test date: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver functions: Test date: __________</td>
<td>SGOT: _____</td>
<td>SGPT: _____</td>
<td>Infectious disease: Test date: __________</td>
</tr>
<tr>
<td>Diabetes: Test date: __________</td>
<td>Glucose: _____</td>
<td>Other blood or urine tests: Test date: __________</td>
<td></td>
</tr>
<tr>
<td>EKG/Electrocardiogram: Test date: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Imaging results

<table>
<thead>
<tr>
<th>Renal sono: __________</th>
<th>Pelvic sono: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-Ray: __________</td>
<td>CT scan: __________</td>
</tr>
<tr>
<td>Other: __________</td>
<td></td>
</tr>
</tbody>
</table>

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: __________________

Other: ____________________________
Final Assessment by: ______________________  □ Doctor  □ Midwife  □ Nurse

☐ Cleared for surgery  ☐ Not cleared for surgery but needs admission for medical condition
☐ Does not need surgery, does need 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) / height$^2$ (m$^2$)]
  ▪ < 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.: _____

<table>
<thead>
<tr>
<th>Gyn Profile</th>
<th>Height: _____ cm</th>
<th>Weight: _____ kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age: _______</td>
<td>Last menses: _______</td>
<td>BMI: _______ [weight (kg) / height² (m²)]</td>
</tr>
<tr>
<td># Live births: __</td>
<td>Lactating: _______</td>
<td>□ &lt;18.5 Underweight → Delay surgery for nutritional support</td>
</tr>
<tr>
<td># Stillborn: ___</td>
<td>Contraception: _______</td>
<td>□ 18.5-24.9 Normal</td>
</tr>
<tr>
<td># Alive now: ___</td>
<td>Menopausal: _______</td>
<td>□ 25.0 – 29.9 Overweight → Screen for diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ &gt; 30 Obese → Screen for diabetes</td>
</tr>
</tbody>
</table>

Medical History / Review of Systems

Allergies: | Obstetric: |
Pulmonary: | Gynecological: |
Cardiovascular: | FP assessment: |
Abdominal: | BP: _______/_______mmHg |
Neuromuscular: | Temperature: _____°C or °F |

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:
time last fluid intake: ___________________________
time last food intake: ___________________________
Consent & Preparation | Current Medications:
□ 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)

<table>
<thead>
<tr>
<th>Full blood count/Hemogram:</th>
<th>Test date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb: _____</td>
<td>Hematocrit: _____</td>
</tr>
<tr>
<td>Platelets: _____</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Electrolytes &amp; renal function:</th>
<th>Test date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Na: _____</td>
<td>Cl: _____</td>
</tr>
<tr>
<td>CO₂: _____</td>
<td>K+: _____</td>
</tr>
<tr>
<td>BUN: _____</td>
<td>Cr: _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liver functions:</th>
<th>Test date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGOT: _____</td>
<td>SGPT: _____</td>
</tr>
<tr>
<td>Infectious disease:</td>
<td>Test date: ____________</td>
</tr>
<tr>
<td>Hep B: _____</td>
<td>HIV: _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetes:</th>
<th>Test date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose: _____</td>
<td></td>
</tr>
<tr>
<td>Other blood or urine tests:</td>
<td>Test date: ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EKG/Electrocardiogram:</th>
<th>Test date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy test:</td>
<td></td>
</tr>
</tbody>
</table>

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. __________________________ 2. __________________________ 3. __________________________
4. __________________________ 5. __________________________ 6. __________________________

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Dose</th>
<th>Route</th>
<th>Time</th>
<th>Anesthesia given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td>☐ Spinal anesthesia</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td>Puncture level: _____ Injection time: _____</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td>Drug used &amp; dosage: __________________</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td>Sensory level: before operation _________</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td>after operation ___________</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td>☐ General anesthesia</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td>☐ Ketamine ☐ Gas, type: ____________</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td>Endotracheal intubation: ☐ yes ☐ no</td>
</tr>
</tbody>
</table>

Local anesthesia

Fluid balance

<table>
<thead>
<tr>
<th>Time</th>
<th>Infusion (type/mL)</th>
<th>Urine output</th>
<th>Vomitus</th>
<th>Blood transfusion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient blood group &amp; rhesus: ________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Donor blood group</th>
<th>Bag #</th>
<th>Volume (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

O2/min

<table>
<thead>
<tr>
<th>SPO2</th>
<th>ETCO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>190</td>
</tr>
<tr>
<td>180</td>
<td>170</td>
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<td>160</td>
<td>150</td>
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<td>80</td>
<td>70</td>
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<tr>
<td>60</td>
<td>50</td>
</tr>
<tr>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>ASA PS Classification</th>
<th>Definition</th>
<th>Examples, including, but not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA I</td>
<td>A normal healthy patient</td>
<td>Healthy, non-smoking, no or minimal alcohol use</td>
</tr>
<tr>
<td>ASA II</td>
<td>A patient with mild systemic disease</td>
<td>Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 &lt; BMI &lt; 40), well-controlled DM/HTN, mild lung disease</td>
</tr>
<tr>
<td>ASA III</td>
<td>A patient with severe systemic disease</td>
<td>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 &lt; 60 weeks, history (&gt;3 months) of MI, CVA, TIA, or CAD/stents.</td>
</tr>
<tr>
<td>ASA IV</td>
<td>A patient with severe systemic disease that is a constant threat to life</td>
<td>Examples include (but not limited to): recent (&lt; 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</td>
</tr>
<tr>
<td>ASA V</td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>ASA VI</td>
<td>A declared brain-dead patient whose organs are being removed for donor purposes</td>
<td></td>
</tr>
</tbody>
</table>

*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.
### Surgical Safety Checklist

**Before induction of anaesthesia**

(with at least nurse and anaesthetist)

- **Has the patient confirmed his/her identity, site, procedure, and consent?**
  - No
  - Yes
- **Is the site marked?**
  - No
  - Yes
  - Not applicable
- **Is the anaesthesia machine and medication check complete?**
  - No
  - Yes
- **Is the pulse oximeter on the patient and functioning?**
  - No
  - 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

**Before skin incision**

(with nurse, anaesthetist and surgeon)

- **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
  - No
  - 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?**
  - No
  - Yes
  - Not applicable

**Before patient leaves operating room**

(with nurse, anaesthetist and surgeon)

- **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

- **To Surgeon, Anaesthetist and Nurse:**
  - What are the key concerns for recovery and management of this patient?

---

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: ________________

<table>
<thead>
<tr>
<th>Anesthesia type:</th>
<th>Surgical approach:</th>
<th>WHO checklist completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Spinal</td>
<td>☐ Vaginal</td>
<td>☐ Part I</td>
</tr>
<tr>
<td>☐ Epidural</td>
<td>☐ Abdominal</td>
<td>☐ Part II</td>
</tr>
<tr>
<td>☐ Spinal convert to GA Ketamine</td>
<td>☐ Vaginal/Abdominal</td>
<td>☐ Part III</td>
</tr>
<tr>
<td>☐ Spinal convert to GA intubated</td>
<td>☐ Gas, type: _________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Endotracheal intubation</td>
<td></td>
</tr>
</tbody>
</table>

Estimated blood loss: ________________ ml  IV Fluids in: ________________ ml
Urine output intra-op: ________________ ml  Blood products in: ________________ units I type: ________________

Procedures list:

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>5.</th>
<th>6.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.</th>
<th>8.</th>
<th>9.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sentinel Events:

| None intra-op | ☐ Cardiac arrest | ☐ Surgical hemorrhage requiring transfusion intra/post-op |
| High spinal   | ☐ Ureter or kidney | ☐ Admission to intensive care |
| Aspiration    | ☐ Intestines      | ☐ Death |
| Respiratory arrest | ☐ Major blood vessels |               |

Exam under anesthesia narrative:

Operation narrative:

Post-op status:

<table>
<thead>
<tr>
<th>Drains urinary tract</th>
<th>Post-op status narrative:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size: _______ Foley per urethra+</td>
<td>☐ Alert, breathing room air</td>
</tr>
<tr>
<td></td>
<td>☐ Alert, intubated</td>
</tr>
<tr>
<td></td>
<td>☐ Not alert</td>
</tr>
<tr>
<td>Size: _______ Foley/other suprapubic tube</td>
<td>☐ Drain abdominal</td>
</tr>
<tr>
<td>Size: _______ ureteric catheter L</td>
<td>☐ Drain other: _________</td>
</tr>
<tr>
<td>Size: _______ ureteric catheter R</td>
<td>☐ Drain labial R</td>
</tr>
<tr>
<td></td>
<td>☐ Drain labial L</td>
</tr>
</tbody>
</table>

Disposition:

<table>
<thead>
<tr>
<th>To PACU &gt; Ward</th>
<th>To PACU/ICU</th>
<th>To other</th>
</tr>
</thead>
</table>
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

<table>
<thead>
<tr>
<th>Ward Nurse – Transport Checklist Before Surgery: Travel Ward to Theater</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patient name and hospital number verified on ward</td>
</tr>
<tr>
<td>□ Patient states that she is having surgery, why having surgery, agrees to having surgery, signed consent is in the medical record</td>
</tr>
<tr>
<td>□ Patient transported along with complete medical record/all lab and imaging test results/signed consent form</td>
</tr>
<tr>
<td>□ Hand-off report to receiving operating theatre nurse completed</td>
</tr>
</tbody>
</table>

Signature: __________________________________________  Date: _________________________
Print name: __________________________________________  Time: _________________________

<table>
<thead>
<tr>
<th>Transport Staff – Checklist Before Surgery: Travel Ward to Theater</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patient name and hospital number verified on ward</td>
</tr>
<tr>
<td>□ Patient states that she is having surgery, why having surgery, agrees to having surgery, signed consent is in the medical record</td>
</tr>
<tr>
<td>□ Patient transported along with complete medical record/all lab and imaging test results/signed consent form</td>
</tr>
<tr>
<td>□ Hand-off report to receiving operating theatre nurse completed</td>
</tr>
</tbody>
</table>

Signature: __________________________________________  Date: _________________________
Print name: __________________________________________  Time: _________________________

<table>
<thead>
<tr>
<th>Pre-Op Area Nurse – Checklist: Travel Pre-Op Holding Area to Theater Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patient name and hospital number verified on arrival</td>
</tr>
<tr>
<td>□ Patient states that she is having surgery, why having surgery, agrees to having surgery, signed consent is in the medical record</td>
</tr>
<tr>
<td>□ Hand-off report from transport nurse completed</td>
</tr>
<tr>
<td>□ Patient received along with complete medical record/all lab and imaging test results/signed consent form</td>
</tr>
<tr>
<td>□ Anesthesia and OT staff aware of patient arrival to pre-op area</td>
</tr>
<tr>
<td>□ Blood products available if required</td>
</tr>
<tr>
<td>□ Part I of WHO Surgical Safety Checklist completed before entering operating theater room</td>
</tr>
</tbody>
</table>

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
  ▪ Respiration
  ▪ 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): ___________

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incontinent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passed flatus or stool?</td>
<td>☐ Urine</td>
<td>☐ Stool</td>
</tr>
<tr>
<td>Nausea or vomiting?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Hungry?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Out of bed?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Fever?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Headache?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

Other symptoms: _______________________

Examination Findings

Vital Signs

<table>
<thead>
<tr>
<th>Measure</th>
<th>Max temp/ 24 hrs:</th>
<th>Last temperature:</th>
<th>Pulse:</th>
<th>Respiration:</th>
<th>BP:</th>
<th>Pulse-Ox:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Intravenous fluid: Type:</th>
<th>24 hour IV volume in:</th>
<th>Oral fluids?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

Urine

<table>
<thead>
<tr>
<th>Measure</th>
<th>Max temp/ 24 hrs:</th>
<th>24 hours Bladder collection bag urine output:</th>
<th>24 hours Right ureter output:</th>
<th>24 hours Left ureter output:</th>
<th>Clear or cloudy or hematuria:</th>
<th>Concentrated or dilute:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Catheter(s) patent &amp; secured:</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max temp/ 24 hrs:</td>
<td>24 hours Bladder collection bag urine output:</td>
<td>24 hours Right ureter output:</td>
</tr>
</tbody>
</table>

Other Drains

<table>
<thead>
<tr>
<th>Drain</th>
<th>24 hour volume Abdominal drain:</th>
<th>24 hour volume Labial drain:</th>
<th>24 hour volume Other drain(s):</th>
</tr>
</thead>
</table>
### Medications

<table>
<thead>
<tr>
<th></th>
<th>Stool softeners:</th>
<th>Antibiotic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesia:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal estrogen:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family planning method: ______________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Started</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Continued</td>
<td></td>
</tr>
</tbody>
</table>

### Post-Operation Examination

<table>
<thead>
<tr>
<th>General appearance:</th>
<th>Signs of anemia:</th>
<th>Dehydrated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head &amp; Neck:</td>
<td>Lungs:</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Skin:</td>
<td>Heart:</td>
<td>☐ No</td>
</tr>
<tr>
<td>Vulva:</td>
<td>Vagina pack:</td>
<td></td>
</tr>
<tr>
<td>Anatomy –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Normal</td>
<td>☐ In</td>
<td></td>
</tr>
<tr>
<td>☐ Abnormal, describe:</td>
<td>☐ Removed</td>
<td></td>
</tr>
<tr>
<td>☐ Continent</td>
<td>☐ Removed prior day</td>
<td></td>
</tr>
<tr>
<td>☐ Active bleeding</td>
<td>☐ Deferred</td>
<td></td>
</tr>
<tr>
<td>☐ Leaking from catheter connection (artifactual incontinence)</td>
<td>☐ Done/ findings</td>
<td></td>
</tr>
<tr>
<td>Incontinent of –</td>
<td>Urethral meatus:</td>
<td></td>
</tr>
<tr>
<td>☐ Urine per urethra</td>
<td>☐ Normal</td>
<td></td>
</tr>
<tr>
<td>☐ Urine per vagina</td>
<td>☐ Abnormal, describe:</td>
<td></td>
</tr>
<tr>
<td>☐ Stool per anus</td>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ Stool per vagina</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guarding –</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Soft</td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ Distended</td>
<td>☐ No</td>
</tr>
<tr>
<td></td>
<td>Rebound –</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td></td>
<td>Hepatosplenomegaly –</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdominal incision:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indication(s) for admission:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Surgery(s) and dates:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sentinel Events:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>General narrative of time in hospital:</th>
</tr>
</thead>
</table>
### Discharge Medications List

<table>
<thead>
<tr>
<th>Medication</th>
<th>Route</th>
<th>Dose</th>
<th>Frequency</th>
<th># of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 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
  - ☐ Counsel completed
  - ☐ Counsel not completed
- ☐ Deferred
  - ☐ 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)

<table>
<thead>
<tr>
<th>Nonsurgical management</th>
<th>Surgical management</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fistula</td>
<td>☐ Fistula</td>
</tr>
<tr>
<td>☐ POP</td>
<td>☐ POP</td>
</tr>
<tr>
<td>☐ Incontinence</td>
<td>☐ Incontinence</td>
</tr>
<tr>
<td>☐ Vaginal fibrosis/stenosis</td>
<td>☐ Vaginal fibrosis/stenosis</td>
</tr>
</tbody>
</table>

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: ________________________________