

Oral and Maxillofacial Surgery

Checklists

Checklist

- Pre-Treatment Pre-Anesthesia Recovery

Pre-Treatment Checklist

- Patient Name
- Procedure Date
- Diagnosis
- History and Physical Updated
- Allergies Confirmed
- Referral and Procedure Reconciled
- Procedure Consent Signed
- Procedure and Location Verified with Patient
- Vital Signs Updated
- Confirmed Medications Taken Today
- Equipment and XRays in Room
- ASA
- Systems
- OK to Start Procedure

Pre-Anesthesia Checklist

- Patient Name
- Procedure Date
- Diagnosis
- History and Physical Updated
- Allergies Confirmed
- Referral and Procedure Reconciled
- Consent Signed
- Procedure and Location Verified with Patient
- Vital Signs Updated
- Confirmed Medications Taken Today
- NPO Status >6 Hours Confirmed
- Escort Present
- Equipment and Radiography in Room
- OK to Start Procedure

Recovery Checklist

- Vital Signs within 10% of Pre-Op Levels
- Patient able to Ambulate with Assistance
- Spontaneous Respiration
- Patient Pain Control and Nausea Well Controlled
- Post - Operative Instructions and Material Provided
- Post - Operative Prescription Provided