Pre-operative Assessment Checklist and Instruction



Author: Theresa Fernandez, Sister Pre-op Assessment

Patient's Name	Date of Admission :	
DOB		
Hospital Number	Time of Admission :	
NHS Number	Ward :	
	Pre op Assessment Nurse :	
	Tick relevant box when applicable	
Nothing to eat after		
Drink Water Only NON-FIZZY until		
Take Preload™ TWO sachets (mix each sachet with 400ml water)		
Date : Time :		
Date :		
Get Blood Test for Group & Save on (Date :)		
Get warfarin test on (Date:)		
Other Investigations / Swab to be taken on (Date:)		
Use Octenisan® bodywash (if required) on (Dates:)		
Take all medications and inhalers as prescribed athours		
Medications to STOP/CHANGE before surgery. (See separate advice sheet)		
Patient informed and understands that relatives/friends are not allowed to stay on the ward		
Patient to arrange own transport and responsible adult to stay overnight for day case patients.		
Other Instructions		

I fully understand the information and instructions which have been discussed with me in the Pre-operative assessment clinic today.

Patient Name	
Patient Signature	
Date	

Pre-operative Assessment Clinic

Telephone 01493 453289 Monday to Friday 09:00 to 16:30

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/ department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card. Providing your feedback is vital in helping to transform NHS services and to support patient choice.



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240