



Pre-Operative Cardiothoracic Checklist

Full Name:

Address:

HCR...

Addressograph
.....

Tests	Date Completed	Print Name	NMBI
Height:			
Weight:			
Bloods			
FBC			
U+E			
Group & Cross Match 1 st Sample			
Group & Cross Match 2 nd Sample			
Co-ag			
Newborn Screening/PKU			
Sickle Cell Screen			
Genetic Bloods			
Scans			
Echo (reported in last 3 months)			
ECG (within last 3 months)			
CXR/Lateral			
CT Scan (if required)			
JCC report			
Swabs			
MSSA/MRSA Screen			
CRE Screen (if required)			
Covid Swab			
Urine for C&S			
Urine for HCG			
Stool for C+S			
Patient Chart			
IV Cannula requested			
IV Fluids prescribed			
Pre-op Skin Prep			
Medications held if required			
Anaesthetic review			
Pre Med prescribed			
Emergency drug checklist			
Pre-op checklist			
Other			
Consent for Surgery (<i>within last 3 months</i>)			
CT admission			
Cardiac CNS review			
Play Specialist review			
Social work referral			
Psychology referral			