

Preparing A Patient For Surgery



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October 2025



Goal and Objectives

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Goal:

This course provides information on the Preprocedure checklist and provides rationale on inpatient preparation for surgery or a procedure.

Objectives:

1. Accurately complete the Preprocedure checklist for a patient going to the Operating Room (OR), Medical Procedure Room (MPR), or Interventional Radiology (IR).
2. Correctly perform the pre-surgical hygiene elements when preparing a patient for surgery or a procedure.
3. Explain the importance of the Beta Blocker regimen during the peri-operative period.

Preprocedure Checklist

- Begin the Preprocedure checklist as soon as you know the patient is going to surgery - ideally the day before surgery.
- Must be completed for every patient going to the OR, MPR, or IR for surgery or procedure.
- With the patient's chart open, click AdHoc.
- Select preprocedure checklist.
- The acute care nurse will complete the first 4 pages of the powerform.

Preprocedure Checklist (cont.)

(Hover over highlighted box.)

Complete these four pages.

Preprocedure Checklist
Preprocedure Checklist

Procedure Location

Radiology
 Emergency department
 Operating room
 MPR/SFR
 OR operating room
 Catheterization lab
 GI lab
 Radiology
 Cardiac diagnostic suite
 Other

Last Fluid Intake

Last Fluid Intake Amount mL

Last Void

Last Food Intake

Last Food Intake Type

Clear liquid diet
 Full liquid (other than breastmilk)
 Solid food

Carbohydrate Loading

Yes
 No

Patient Preparation

	Yes	No	N/A	Comment
Makeup removed				
Nails cleaned				
Chlorhexidine showers or bath completed				
Wearing patient gown				
Jewelry removed				
Bowel prep complete				
Oral care complete				
Surgical Clipping, Pre-Op				
Nasal antiseptic				
Mupirocin complete				
Undergarments removed				
Hairpins/hair pieces removed				
Albuterol MDI or nebulizer				

Has patient ever had a reaction to jewelry, clothing snaps, or other items containing metal?

Yes (if not on schedule, notify physician)
 No

Right click to view/print Refusal to Remove Jewelry Form

Right click to view preprocedure policies

Preprocedure Checklist (cont.)

Preprocedure Checklist - SIMS, CLAIRE

Performed on: 01/30/2025 12:50 EST

Perioperative Protocols

Patient Safety

	Yes	No	Comment
Allergy band on and verified			
ID band on and verified			
Limb alert band on and verified			
DNR/DNI band on and verified			
Current ECG in medical record			
Current H&P in medical record			
Relevant Images in Medical Record			
Review of Labs			
Site verified by patient/family			
Site verified by RN			
Site verified/marked by Provider			
Siderails up/wheels locked			
Alarms on and set appropriately			
Call Light Within Reach, Pre-Op			
Antibiotic to OR, Pre-Op			
TED hose/knee			
TED hose/High			
SCD(s)			
Code Status During and/or after a Procedure Form on chart			
Sleep apnea education given			
Hyperglycemia education given (MMC only)			

Preprocedure Status

Right click in box to view/print Selected Protocol of Preprocedure Test

Preprocedure Status: Yes No Pending

Preprocedure Tests

	Yes	No	Not	Comment
Anesthesia consent signed				
Blood Consent signed				
Preprocedure consent signed				
Other Consent, Pre-Op				

Other Consent:

Additional Information:

Right click in box to view Code Status During and/or after a Procedure Form

Progress Page 5 of 22

Nursing - Careset Orders

Search: nursing Type: Acute Care

- Nursing - A2 Amiodarone Protocol
- Nursing - A2 Digoxin Protocol
- CA Nursing - A2 High Intensity Insulin Drip
- GR Nursing - Constipation Prevention - bisacodyl (Dulcolax)
- MH Nursing - Constipation Prevention - Miralax
- KM Nursing - CRRT KPhos ORAL Electrolyte Replacement
- PO Nursing - CRRT Magnesium IVPB Electrolyte Replacement
- AD Nursing - CRRT NaPhos IV Electrolyte Replacement
- Ca Nursing - Dialysis Care Set
- Ca Nursing - DKA Electrolyte Replacement
- Co Nursing - Flumazenil (Romazicon) Protocol
- CT Nursing - Hyponatremia Reference Test
- Food Nursing - Hypothermia Electrolyte Replacement Protocol
- Pat Nursing - ICU High Intensity Insulin Drip
- Pat Nursing - Inpt Pre-Procedure/Pre-Op Prep Checklist Orders

Enter to Search

Component	Order Details
Bath	qShift, other (specify)
NPO	1/30/2025 12:41 PM EST, NPO
IV Start (Autopage to IV Therapy)	IV patient & gauge appropriate per protocol
Type and Screen	Blood, Routine
Pregnancy Test Urine	Urine, Routine, ONCE
Electrocardiogram - M	Routine, per protocol

Surgery Scheduled for 2 days:

Note: If surgery scheduled is scheduled for more than 2 days into the future the Chlorhexidine Bath Tasks must be rescheduled to the appropriate dates and times.

- Chlorhexidine Bath - Chin to Toe Task T:1900, Give chlorhexidine bath
- Chlorhexidine Bath - Chin to Toe Task T+1:1900, Give chlorhexidine bath
- Chlorhexidine Bath - Chin to Toe Task T+2:0600, Give chlorhexidine bath

Progress Page 6 of 22

- Order your careset for Nursing - Inpt Preprocedure/Pre-Op Prep Checklist. Enter the careset as a 'Nurse per Protocol' (exception for patients scheduled in Maternity OR).
- Adjust the dates of CHG baths and nasal decolonization to correlate with day of surgery.
- Everything you do to help prepare the patient prior to their arrival in pre-op benefits the patient and prevents delays in surgery start times.

Treatment Decision Form

- Check code status in PowerChart.
- If the patient is anything except a full code, print a Treatment Decision Form (form #4511) and page the surgeon to complete it.
- Patients going to the operating room **do not** automatically become full codes. A Treatment Decision Form must be completed prior to surgery and will include a date/time to resume patient's preprocedure code status.

1 of 1

MUNSON HEALTHCARE

Form 4511 (08/24)

4511

CODE STATUS DURING AND/OR AFTER A PROCEDURE

Patient Name: _____ Date of Birth: _____

Surgeon Name: _____ Procedure: _____

Progress Page 7 of 22

History and Physical (H&P)


- For all surgical or invasive procedures involving anesthesia or sedation, a valid H&P must be on the patient chart prior to start of the procedure. A valid H&P must have been completed within 30 days (not 31 or more days prior to admission or procedure).
- The surgeon must document in the patient's electronic record (H&P, consult, or progress note) the planned course of action and applicable side of the procedure, if warranted.
 - Writing an order is NOT acceptable as the surgical plan.
- In emergency cases, where completion of an H&P is not feasible, the surgeon should make a notation of relevant history and physical findings in the patient's progress notes, if time allows.

Informed Consent

- Informed consent is a process of communication between a provider and patient to reach an agreement or permission to perform a procedure. The patient (or designee) signature on the form confirms that a provider has:
 - Reviewed the procedure.
 - Discussed the risks, benefits, or alternatives.
 - Answered all the patient or designee questions.
- The informed consent process could occur on the inpatient floor or at the site of the procedure.
- The patient and the provider performing the procedure will both sign the form (#0303) "Confirmation of Informed Consent for Procedure" (often referred to as CIC) ideally at the time of the informed consent discussion. The form must be signed prior to performing an invasive procedure.
- The signature of the provider performing the procedure **is required** on the form confirming the informed consent process has been completed.
- Consents are **valid for 90 days**.

Confirmation of Informed Consent for Procedure

1 of 2

 **MUNSON HEALTHCARE**

Form 0303 (03/10/23) Page 1 of 2

CONFIRMATION OF INFORMED CONSENT FOR PROCEDURE

You are receiving health care at a facility that is part of Munson Healthcare.
Munson Healthcare includes the following:

<input type="checkbox"/> Kalkaska Memorial Health Center	<input type="checkbox"/> Munson Healthcare Grayling Hospital	<input type="checkbox"/> Munson Home Health
<input type="checkbox"/> Munson Healthcare Cadillac Hospital	<input type="checkbox"/> Munson Healthcare Manistee Hospital	<input type="checkbox"/> Munson Medical Center
<input type="checkbox"/> Munson Healthcare Charlevoix Hospital	<input type="checkbox"/> Munson Healthcare Otsego Memorial Hospital	<input type="checkbox"/> Paul Oliver Memorial Hospital

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be performed, so that you may make a decision to undergo the procedure with knowledge of the risks, benefits and alternatives. This disclosure of possible risks is not meant to scare or alarm you; it is simply an effort to make you better informed so you can give, or withhold, your consent for the proposed procedure.

The procedure, treatment, or therapy (Procedure) is:

I consent to the performance of the procedure named above, by _____
Physician/Provider Name

I know that my provider may ask other healthcare providers to help with the Procedure, which may include other physicians, or other appropriate providers, and my provider has specifically identified any other providers who are likely to assist and/or perform important aspects of the Procedure. I understand that resident physicians, healthcare professionals, and healthcare students may be present to

Informed Consent Process - Nurse's Responsibility

The nurse serves an important role in the process to optimize patient care and workflow.

- Review the provider's order and electronic record for the planned operative procedure.
- The RN may enter the procedure on the consent form using no abbreviations, or if available, use the procedure-specific consent form.
 - If needed, clarify any abbreviations, illegible or unusual order, and any discrepancies with the provider performing the procedure.
- Confirm the performing provider and patient have both signed, dated, and timed the CIC.
 - If the informed consent discussion occurred with the provider, but the provider did not have the patient sign the form at the time of the discussion, **nursing personnel may facilitate signature of the patient or the designee ONLY in situations where the patient or designee has no questions.**
- Confirm the form is placed in the patient's chart and travels with the patient to the procedural area. If there is no provider or patient signature, inform the pre-procedure staff during hand-off communication.
- The form may be sent to preop holding with only the patient's signature.

Checklist Components



Lab Tests

- Check all current lab values and report any abnormal findings to the surgeon.
- Obtain a urine pregnancy test (per Pre and Post Surgical/Procedural Adult Protocols) on all females between menarche and menopause. Women who have had tubal ligation still need a pregnancy test. Women who have had hysterectomies do not.
- Notify the pre-op RN of abnormal lab findings during handoff report.

Checklist Components



ECG Prior to Surgery?

When:

- There needs to be a normal ECG on the chart from the last year, or the last 6 months if the last ECG was abnormal and patient is stable.
- If using a paper ECG from another facility, it needs to be verified and signed.

Who:

- Any patient with a history of a previous MI, angina, arrhythmia, renal failure, medication-dependent diabetes, or CVA.
- Any patient 45 years or older with a history of hypertension or history of \geq one pack per day smoker.
- All patients 45 years or older having major vascular, intra-abdominal, thoracic, neurological, or orthopedic surgery.

Checklist Components



IV Access

- Ensure a patent large bore IV. Refer to Pre and Post Surgical/Procedural Adult Protocols for catheter size required based on the type of surgery.
- If the patient has Heparin infusing, follow the physician orders regarding continuation/discontinuation.
- Discuss with the pre-op RN during handoff report if the patient's IV infusions should be discontinued prior to sending the patient to the peri-operative area.

Checklist Components



NPO

- NPO except clear liquids and medications after midnight.
- Stop clear liquids 4 hours before scheduled surgery time.
- If the surgeon's NPO orders conflict with the Pre-Procedure Nothing By Mouth Policy, page the anesthesiologist for clarification.
- Sips of water with meds are ok.

Pre-Surgical Hygiene

Prior to the pre-surgical bathing:

- **Remove all body jewelry** (including wedding bands).
- Remove hair clips, pins, rubber bands, etc.
- Remove body piercings.
- Remove makeup and nail polish.



Patient who did not remove ring prior to going into OR.

Pre-Surgical Hygiene *(cont.)*

The patient should have a total of three (3) chlorhexidine gluconate (CHG) baths **if required**:

- Two nights before surgery
- The night before surgery
- The morning of surgery

Example: If the patient's surgery is on Tuesday, bathe with CHG on Sunday night, Monday night, and Tuesday morning.

What if the patient is admitted the night before surgery?

You must ensure two (2) CHG baths are completed:

- The night the patient was admitted
- The morning of surgery

How to Give a CHG Bath

- Wash the entire body (from neck down) with CHG.
 - Cleanse groin area (avoid CHG on mucous membranes).
- Avoid scrubbing the skin too hard with CHG.
- Do **not** use regular soap after the CHG.
- Do **not** rinse the CHG off of the skin.
- Place the patient in a clean gown after the CHG bath (all clothing, including underwear, should be removed).
- Place clean linens on the bed after the CHG bath.

Pre-Surgical Hygiene *(cont.)*

Two nights before surgery:

- Give a soap and water bath **prior** to the first CHG prep bath.
- Shampoo hair with regular shampoo.
- Wash face with regular soap/cleanser.
- After the soap and water bath, give the first CHG bath, using either the wipes or the liquid.

The night before surgery:

- Wash face with regular soap or cleanser.
- Give the second CHG bath in the same manner as the previous night.
- Brush teeth and use mouth rinse.

Day of Surgery Preparation

- Use the Preprocedure checklist.
- Complete the 3rd CHG (last) bath. Place a clean hospital gown on the patient.
 - Clean under finger nails.
 - Confirm oral care is completed.
 - Encourage the patient to void prior to sending to pre-op.
 - Bathroom availability is limited in pre-op.
 - Remove the patient's underwear.
 - Inform the pre-op RN when medication patches are left on the patient.
- Complete nasal decolonization, if required.
- Document vital signs prior to transfer.
 - Report abnormal findings to the pre-op RN.
- Send the patient with dentures, glasses, and hearing aids.
- Call hand-off report to the pre-op RN.

Obstructive Sleep Apnea

- Communicate with the pre-op RN if your patient uses a CPAP or BiPAP and discuss if the device should be sent with the patient to the perioperative area.
- Ensure settings are documented, so that the machine can be used accurately postoperatively.

Antibiotics

- The surgeon or a covering physician shall write specific orders for all patients requiring prophylactic pre-operative antibiotics.
- Confirm an order for preoperative antibiotics is placed in PowerChart by the surgeon or covering provider.
 - Pre-op antibiotics should be administered by the pre-op nurse or anesthesia provider to ensure they are administered within one hour prior to the incision window.
- If the patient is on oral antibiotics, give prior to the patient going to pre-op.
- Ensure **scheduled antibiotics** are given as ordered.
- If a scheduled antibiotic is due during the perioperative period, please send it to OR with the patient.

Beta Blockers

Patients on a beta blocker at home **should receive their beta blocker** during the perioperative period (24 hours prior to surgery through discharge from PACU).

- Stress associated with surgery increases heart rate, myocardial contractility, and myocardial oxygen demand, putting the patient at risk for an acute myocardial infarction (AMI).
- Beta blockers offer cardioprotection for patients with a history of MI and hypertension. They diminish the effects of epinephrine and other stress hormones.
- An MI during surgery results in a nine-fold increase in unstable angina, MI, and cardiac death in the post-op period.
- If the patient's heart rate is greater than 50 and the systolic blood pressure is greater than 100, administer and document beta blocker in PowerChart.
- If held or stopped for a specific reason, **it must be documented**. This also applies to the perioperative period. Communicate this to the pre-op RN during handoff.
- NPO does **not** mean the patient should not receive their beta blocker. If in doubt, clarify with the surgeon and document who ordered the hold and why it is being held.

Miscellaneous Medications

Aspirin (ASA)

If the patient has a cardiac stent and takes a daily 81mg dose of ASA at home, they must have their ASA dose within 24 hours of surgery start time. There are rare instances where the bleeding risk outweighs the benefits and a surgeon may order the ASA be held.

- If the patient is having a neurosurgery procedure, confirm with surgeon prior to administering aspirin.

Anticoagulants/Anti-platelet medications

- Most anticoagulants will need to be held for invasive procedures/surgery.
- Verify the surgeon's order if anticoagulants are to be held or continued. If no order is present addressing the patient's anticoagulation status, page the performing provider.

Other medications

Medications such as anti-seizure, Parkinsons, anti-rejection, and chronic pain, should be continued, if ordered.

Please call pre-op holding and ask to speak with the charge nurse if you are unsure about giving a medication.

References

Munson Medical Center Policies and Procedures

- Surgical Antibiotic Prophylaxis
- Pre-Procedure Nothing by Mouth Policy
- Ensuring H&Ps are Present Before Surgery/Invasive Procedure
- Skin Preparation of the Surgical Patient
- Jewelry Removal Prior to Surgery
- Pre and Post Surgical/Procedural Adult Protocols
- Plan of Care – Nursing Process in the OR
- Inpatient Pre-Procedure/Pre-Op Checklist and Patient Preparation

Munson Healthcare Policies and Procedures

- Informed Consent - Diagnostic or Therapeutic Procedures and Treatments