PATIENT SAFETY AUTHORITY
An independent agency of the Commonwealth of Pennsylvania

AMBULATORY SURGICAL FACILITY PREOPERATIVE SCREENING AND ASSESSMENT CHECKLIST

Instructions

This ambulatory surgical facility (ASF) preoperative screening and assessment checklist was used in the Pennsylvania Patient Safety Authority's ASF Preoperative Screening and Assessment Collaboration as an enhancement to an existing ASF nursing-based preoperative screening and assessment form. The components of this checklist are intended as a cue for ASFs to confirm that the essential items needed for screening patients preoperatively are included on an existing nursing-based preoperative screening form.

For ASFs that do not have a nursing-based preoperative screening and assessment form, the Authority has one available on their website at http://patientsafetyauthority.org/EducationalTools/PatientSafetyTools/asf/Pages/home.aspx. Once downloaded, use this ASF checklist to supplement the form.

There are three sections to this checklist that need completion. Demographic-related information is located at the top of this checklist followed by a table that contains two columns. The first column consists of six different categories of medical and psychosocial conditions or circumstances necessitating further inquiry to determine patient eligibility for their upcoming surgery or procedure. The second column identifies questions staff can use to elicit vital information when determining patient eligibility. Completion of all three areas of the checklist can be accomplished during a patient interview, whether conducted over the phone or in person.

For more information, visit http://www.patientsafetyauthority.org.
This tool accompanies
Gardner LA, Bomboy J. Preoperative screening and the influence on cancellations and transfers: an ambulatory surgical facility collaboration. Pa Patient Saf Advis [online] 2014 Mar [cited 2014 Mar 6]. http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2014/Mar;11(1)/Pages/home.aspx

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Patient ID: _____

Date of screening: _____

Date of surgery: _____

Completed by: _____

Title: _____

History and physical form completed and available at time of screening?

Y N

AMBULATORY SURGICAL FACILITY COLLABORATION PREOPERATIVE SCREENING CHECKLIST

Checklist Criteria	Screening Questions
Cardiovascular	
Reviewed	Do you have any pain or discomfort in your chest?*
Unstable angina	Have you ever had a severe pain or pressure across the front of your chest lasting for a half hour or more?*
Fresh myocardial infarction <6 months	Have you ever had a heart attack?
Severe cardiomyopathy	Do you have problems with high blood pressure?
Uncontrolled hypertension	Have you ever been told you have an irregular heartbeat?
Uncontrolled arrhythmia	Have you been told you have problems with the valves in your heart or a murmur?
Moderate/severe aortic stenosis	Do you have a device implanted in your chest that checks for an irregular heart rate?
Automatic internal cardioverter defibrillator (AICD)	
None of the above	
Respiratory/Anesthesia	
Reviewed	Do you have a tube in your neck that helps you breathe?
Tracheostomy	Are you having shortness of breath when:*
Oxygen at home	Walking on the level?
Severe chronic obstructive pulmonary disease	Walking up a slight hill?
Asthma	Sleeping at night?
Obstructive sleep apnea	Does your chest ever sound wheezy or whistling?*
Abnormal airway/difficult intubation	Have you had a cold, bronchitis, or other respiratory infection within the last two weeks?*
Malignant hyperthermia	Do you usually have a cough?*
Facial/neck surgery with limited movement of neck/jaw	Have you been told that you snore, choke, or gasp most nights while sleeping?*
None of the above	Have you or any of your relatives ever had problems when put to sleep for an operation or difficulty putting in the breathing tube?
	Have you or any of your relatives had high fever, muscle problems, or dark colored urine?
	Do you have problems moving your neck or jaw?
	Have you ever had surgery on your neck or jaw?

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CONTINUED...

Endocrine

- ☐ Reviewed
- ☐ Uncontrolled diabetes
- ☐ Adrenal disorders
- ☐ Dialysis patients
- ☐ Active thyroid disease
- ☐ Patients with a body mass index >40 kg/m2
- ☐ None of the above

- ☐ Did you check your blood sugar this morning?
- ☐ What was your blood sugar this morning?
- ☐ Have you been told you have kidney problems?
- ☐ Have you been told you have an overactive (fast) or underactive (slow) thyroid?

Hematologic

- ☐ Reviewed
- ☐ Anemia
- ☐ Anticoagulant use
- ☐ Thrombosis/embolism
- ☐ None of the above

- ☐ Have you ever had problems with anemia or been told to take iron pills?*
- ☐ Have you had any abnormal blood loss such as black, tarry or bloody stools, (for women) abnormal vaginal bleeding?*
- ☐ Do you or does anyone in your family have a serious bleeding problem such as prolonged bleeding following surgeries or cuts?*
- ☐ Do you sometimes get pains in the calves of your legs when you walk?*
- ☐ Have you or anyone in your family had problems with blood clots?
- ☐ Have you taken any aspirin, other blood thinners, or arthritis medicine in the last two weeks?*

Infection/Communicable Disease

- ☐ Reviewed
- ☐ Active infection/illness/communicable disease
- ☐ Tuberculosis
- ☐ Cold sore
- ☐ Rash
- ☐ None of the above

- ☐ Have you ever had a disease that was resistant to antibiotics? How long ago?
- ☐ Have you been told you have a communicable disease or a disease you might spread to another person?
- ☐ Are you currently taking an antibiotic?

Psychosocial Status

- ☐ Reviewed
- ☐ Nonambulatory patients unable to perform their own activities of daily living
- ☐ Dementia, altered mental status
- ☐ Depression, bipolar disorder, anxiety, attention deficit disorder
- ☐ Responsible adult to accompany patient at discharge
- ☐ Patient and/or family member given instructions at time of screening
- ☐ Financial expectations
- ☐ None of the above

- ☐ Can you stand by yourself and turn?
- ☐ Do you use a walker or a cane?
- ☐ Do you make your own decisions about your medical treatment?
- ☐ Does a family member help you make decisions about your medical treatment?
- ☐ Who is giving you a ride home after your surgery?
- ☐ Do you have insurance, or how will you pay for the procedure?
- ☐ Are you aware you need to call if there is any reason you can't come on the day of your surgery?

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