

# Endoscopy Checklist

**Patient ID:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_ **Surgeon:** \_\_\_\_\_

**Endo Staff:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial		
Medication	Dose	Time
Versed		
Fentanyl		
Demerol		

**Pre-Op Check:**

1. H&P Consent

Green Confirmed    Red Not Confirmed

8. Antibiotic Prophylaxis

Green Confirmed    Red Not Confirmed

**Timeout:**

2. Correct Patient Identity w/2 Identifiers

9. Appropriate DVT Prophylaxis

3. Valid Consent Form

10. Pertinent Images Confirmed

4. Procedure to be Performed

11. Implants Available

5. Site of Procedure / Laterality

12. Special Equipment

6. Patient Position

13. OR Staff Confirmed

7. Site Marked & Visible After Draping

**Post-Op Verification:**

14. Procedure Verified

15. Specimens Confirmed

**Special Purpose Arm Band on Patient with Doctor's Initials and Procedure**

Notes:

