Clinical Post-Operative Steps

Primary responsibility: Clinician/Surgeon
Timing: Immediately after completion of surgery
Location: Chairside in OR/Surgical Suite/Operatory



| No hemorrhaging prese Yes Not Appli | |
|--|--|
| Sterile gauze pads are fi Yes Not Appli | |
| All needles and surgical Yes Not Appli | blades separated, counted and accounted for cable |
| Blood-contaminated litte | er separated and adequately processed cable |
| Removable denture retu | rned to patient and adjusted cable |
| Patient Name: Date: Primary Responsible: | |
| Comments: | |

This checklist shall not substitute appropriate medical verification prior to the intended procedure and shall be used as an additional informative tool only. FOR does not make any representation as to the accuracy, fitness or completeness of the checklist.

Checklist Version: 1.0 | Last Modified: 23 May 2016 | Copyright 2013 www.for.org