

Verification of Surgical Site Audit Tool

Complete 25 audit forms the 1st week of each month. Return completed forms to: Ann McAndrew Room 345 - North, Quality Management

Please do not fold or staple these forms. Be careful not to make marks around the corner boxes or outside of the bubbles.

Auditor Name: _____

Date:

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Patient Medical Record Number (Enter all 13 digits)

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Shift:

- 1st
 2nd
 3rd

- | | | Y | N |
|--|-----------------------|-----------------------|-----------------------|
| 1. Pt ID verified by Pre-Op Nurse..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Site marking verified by Pre-Op RN..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Consent form verified by Pre-Op RN..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Patient ID verified by CRNA..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Site marking verified by CRNA..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Consent form verified by CRNA..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Patient ID verified by Circulating Nurse..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Site marking verified by Circulating Nurse..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Consent form verified by Circulating Nurse..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Pause for the Cause by Circulating Nurse..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Y | N |
| 11. Imaging Data marked by Circulating Nurse..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Informed Consent

- | | | Y | N |
|---|-----------------------|-----------------------|-----------------------|
| 12. Patient signature on bottom of form..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. MD performing surgery is listed on the form as staff physician..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Informed consent encompasses the OP procedure on ESI record..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Physician signature on bottom of form..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

