



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Operating Room		
Document:	Departmental Policy and Procedure		
Title:	Patient Acceptance into the Operating Room		
Applies To:	All Operating Room Staff		
Preparation Date:	January 05, 2025	Index No:	OR-DPP-026
Approval Date:	January 19, 2025	Version :	5
Effective Date:	February 19, 2025	Replacement No.:	OR-DPP-026(4)
Review Date:	February 19, 2028	No. of Pages:	4

1. PURPOSE:

- 1.1 To serve as a baseline data.
- 1.2 To systematically evaluate patient readiness for surgery.

2. DEFINITIONS:

- 2.1 **Patient Acceptance into the Operating Room** – a collection of data that serves as a written proof that the patient had been endorsed by ward staff and received by the operating room staff.

3. POLICY:

- 3.1 All patients for surgery must have a filled up pre – operation checklist in the file.
- 3.2 Operating Room staff receives patient from the receiving area.
- 3.3 Operating Room staff receives patients file, old file and X – ray films if available.

4. PROCEDURE:

- 4.1 Identify the patient by 2 patient identifiers (4 names for Saudi/ complete name for Non – Saudi and the Medical Record Number).
- 4.2 Call Patient's Name if conscious.
- 4.3 Check Surgical consent properly filled up by surgeon.
- 4.4 Complete Surgical procedure with site marking if applicable.
- 4.5 Signature of surgeon who explained the procedure to the patient.
- 4.6 Signature of patient or Qualified Guardian.
- 4.7 Ask the endorsing nurse if patient had any required consultation (e.g. Cardiac Consultation). Check for patient's written history and physical assessment form, pre – anesthetic sheet in check for completion.
- 4.8 Patient's weight should be written clearly as needed by anesthetist to determine the amount of Anesthesia to be given.
- 4.9 Ask the patient or relative if there is any known allergy.
- 4.10 Check if Surgical preparation such as shaving is done.
- 4.11 Check X – ray film, note how many films you have received. Check x – ray films for its date (X – ray a normal finding is valid for six months unless anesthesiologist or surgeon request for another one).
- 4.12 Check the written medical record number, if any simple number is mistakenly written, another X – ray must be taken for safety procedures.
- 4.13 Check X – ray report if result deviate from normal values.
- 4.14 All blood investigations reports must be checked.
- 4.15 For elective cases, there should be CBC, coagulation profile, serum electrolyte, kidney function test, liver function test, serology, blood grouping and cross matching reports must be present.
- 4.16 Blood reservation must be checked and confirmed for its availability for all cases before shifting to operating room.
 - 4.16.1 Unbooked cases in labor – 1 unit.

- 4.16.2 Primary Ceasarean Section – 1 unit.
- 4.16.3 Repeat Ceasarean Section – 2 units.
- 4.16.4 Post – Partum Hemorrhage, Ruptured Uterus and Placenta Previa – 4 units.
- 4.17 ECG is required for patient whose age is 35 and above unless required.
- 4.18 Vital signs which include temperature, pulse, respirations should be obtained. Note if there is any irregularity.
- 4.19 BP must be taken on several occasions before surgery to establish an accurate baseline.
- 4.20 Check to see if fresh and clean gown, cap and blanket worn by patient.
- 4.21 Pre – operative medication given should be properly signed at the medication chart, time indicated.
- 4.22 Do not accept unlabelled medications and diluted medications in syringe.
- 4.23 Side rails must be raised up at all times to protect patient from falling.
- 4.24 Pre-operative teaching must be enforced to the patient from midnight before day of surgery.
- 4.25 Keep NPO 6 – 8 hours prior to surgery.
- 4.26 Morning shower on the day of surgery if possible and not contraindicated.
- 4.27 All patients for surgery must have 2 large bore intravenous cannula, properly labelled and dated.
- 4.28 Fetal heart tone checked for Ceasarean Section Patient.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Nurse
- 6.2 Anesthesiologist
- 6.3 Surgeon


7. APPENDICES:

- 7.1 Pre – operative Checklist Form


8. REFERENCES:

- 8.1 Patient Safety in the Operating Room, 2014. Up to Date Checklist. Retrieved from: www.uptodate.com
- 8.2 Kingdom of Saudi Arabia, Ministry of Health, Prince Mutaib Bin Abdulaziz, 1439.

9. APPROVALS:

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KINGDOM OF SAUDI ARABIA



وزارة الصحة
Ministry of Health

Hospital: _____ مستشفى: _____
 Region: _____ المنطقة/المحافظة: _____
 Dept./Unit: _____ القسم/الوحدة: _____

MRN: _____ رقم الملف الطبي: _____
 Name: _____ الاسم: _____
 Nationality: _____ الجنسية: _____
 Age: _____ سنة _____ Years _____ شهر _____ Months _____ يوم _____ Days العمر: _____
 Date of Birth: _____ / _____ / 14 H _____ / _____ / 20 تاريخ الميلاد: _____
 Gender: Male Female الجنس: _____

PRE – OPERATIVE CHECKLIST FORM

SCHEDULED OPERATION: _____ DATE: _____ TIME: _____
 DIAGNOSIS: _____ WEIGHT: _____ HEIGHT: _____
 DATE & TIME OF ADMISSION: _____ ISOLATION PRECAUTION: _____
 ALLERGY: NKA YES (if yes, Specify): _____

CHECKLIST	YES	NO	N/A
1. Identification Band on hand checked			
2. Surgical Consent signed			
2.1 Special Consent signed (if required)			
3. Anesthesia consent signed			
4. Blood transfusion consent signed? (if blood transfusion is suspected)			
5. Blood Transfusion requisition on chart If yes, number of blood bag available () Type: _____			
6. Surgical Site Marking done			
7. Consultation (if required)			
8. Pre - Anesthesia Assessment done			
9. History & Physical assessment on Chart and completed			
10. Surgical Prep. Done Surgical Prep. Checked by (RN): _____			
11. All ordered investigations report on chart? <input type="checkbox"/> CBC <input type="checkbox"/> PT PTT <input type="checkbox"/> Urine Analysis <input type="checkbox"/> Stool Analysis Pregnancy test (if required) <input type="checkbox"/> X-ray _____ film enclosed <input type="checkbox"/> ECG <input type="checkbox"/> others _____			
12. Pre-operative V/S: Pulse: _____ BP: _____ RR: _____ SPO2: _____ Temp: _____ Pain score/ Scale: _____			
13 Time urine voided Amount: 13.1 Catheter or drain present Specify:			
14. Enema (if required) Time:			
15. Prosthesis Removed 14.1 Dentures removed 14.2 Contact Lenses removed 14.3 Others _____ Removed			
16. Hairpins, Makeup, Nail Polish, Lipstick removed, Jewelry			
17. Clean gown, Cap on, Clean Bath Blanket			
18. Pre- Op. Medication Administered (specify) 18.1 Dose 18.2 Route 18.3 Time 18.4 RN initial			
19. Medication administration record on chart			
20. Side Rails 20.1 Up 20.2 Below Position			
21. Pre- Operation patient instructions. NPO from Midnight			
Patient care area : RN name: _____ Initial: _____ Job Number: _____ Date: _____ Time: _____			
OR : RN name: RN Initial: Job number Date/ Time:			

GDOH-NUR-POC-175

ISSUED DATE:09/02/2013

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