

EMPOWERED PATIENT[®]

“Ten Things Patients Should Know” Series

SURGICAL PATIENT CHECKLIST

1. I know why my surgery is needed, the risks and benefits and how often it is successful for my condition: **Yes**___ **No**___
2. I know what is involved in my recovery and how long it may take: **Yes**___ **No**___
3. I know who will be doing the surgery, if they are board-certified in this specialty, and how many times they have done this procedure: **Yes**___ **No**___
4. I consent to have other doctors assist during my surgery: **Yes**___ **No**___
List other surgeon’s names here: _____

5. The surgeon will personally sign the surgical site: **Yes**___ **No**___
6. The patient will be included in signing the surgical site: **Yes**___ **No**___
7. A surgical checklist will be used and a “time out” will be taken before surgery begins: **Yes**___ **No**___
8. Antibiotics are needed prior to the start of surgery: **Yes**___ **No**___
9. I know when antibiotics should be stopped after surgery: **Yes**___ **No**___
10. I know how my surgeon can be reached if there is a complication: **Yes**___ **No**___