

PEDIATRIC CT SURGERY BEDSIDE PROCEDURE CHECKLIST

Date: _____

Procedure: _____

Checklist		
Fluids and Blood Products		
	Active Type and Screen	
	Blood Products Ordered and at bedside (if needed)	
	Other volume for administration (5% albumin etc) - Aliquots drawn up	
	NPO status verified	
Medications		
	Code Medications at bedside	
	Inotropic Infusions Ordered/Adjusted	
	Anesthesia provider identified	
	Sedation/Analgesia medications	
	Anticoagulation Plan (if needed)	
	Peri-op antibiotics	
Respiratory		
	Vent settings adjusted (if needed)	
	Other respiratory needs addressed (suction, ETCO ₂ , etc)	
	iNO available (if needed)	
IV Access		
	Dedicated medication push line with extension set	
	Access to arterial line for ABG and lab draws	
	Surgical IV access needs discussed	
Imaging		
	ECHO Ordered (if needed)	
	CXR (if needed)	
Other Needs		
	Pacemaker connected and settings verified (if applicable)	
	Thermoregulation plan (BEAR hugger, ECMO etc) (if needed)	
	HEPA filter in room	
	ECMO Cannulation/Decannulation checklist completed	
	Surgical light (overhead or portable)	
	Wound Vac supplies in room if applicable	
	Bovie/pads	
Pre-Patient Draping the following should be accessible by bedside provider/staff		
<ul style="list-style-type: none"> ○ Arterial line for blood draws ○ Medication push line extension set ○ Pacemaker ○ ETT and in-line suction; suction patient just prior to draping 		