

PREP Sheet:

Preoperative Resident Education & Surgical Planning Tool

Pre-Operative Preparation	Who is the patient? (Age, Sex, PMHx, Meds, Allergies etc.)	
	What is the history of their presenting complaint?	
	What procedure is planned for this patient?	
	What are the accepted indications for this procedure? What are the contraindications?	
	Why are we doing THIS procedure in THIS patient?	
	Are there any other possible management options/procedures?	
Surgical Planning	Have I reviewed all of the pre-operative investigations? What are the relevant findings?	
	What is the surgical approach?	
	Are there any special considerations in THIS patient? <ul style="list-style-type: none"> • Disease factors • Aberrant anatomy • Danger zones 	
	Are there any special considerations for anaesthesia or nursing? <ul style="list-style-type: none"> • Intraoperative medications • Positioning • Special equipment 	
	What are the possible complications with this procedure? Do I know how to handle them?	
Post-Operative Considerations	What is the post-operative plan?	
	Are there any special instructions to be given to the patient or caregivers?	

Name:

Date:

Location:

Education Goals for this Operative Encounter:

1.

2.

3.

Take-Away Learning Points from this Operative Encounter:

1.

2.

3.

Notes: