**NURSE-PATIENT PRE-OPERATIVE COMMUNICATION**

1. **GREETINGS, INTRODUCTION AND PURPOSE OF VISIT**

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| Nurse | : | Good morning, Mrs. Smith. How are you feeling today? |
| Patient | : | Good morning, Nurse. I’m okay. |
| Nurse | : | Very good. I’m going to ask you some questions to make sure you’re ready for the surgery. So, just relax, okay? |
| Patient | : | Okay. I’m ready. |

1. **LEGAL CHECK-LIST: CHECKING ID, QUESTIONS, AND INFORMED CONSENT**

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| Nurse | : | Good. First, let me confirm your ID. Can you say your name and date of birth, please? |
| Patient | : | My name is Linda Smith. My date of birth is March 24, 1970. |
| Nurse | :  | That’s confirmed. Has dr. Goblet given you the information about your surgery? |
| Patient | : | Yes, he came to see me last night.  |
| Nurse | : | Okay. Do you still have any questions about your surgery? |
| Patient | : | Well… how long will the surgery last? |
| Nurse | : | It is scheduled to last for one hour. |
| Patient | : | One hour? Okay. |
| Nurse | : | All right. Did you sign the informed consent? |
| Patient | : | Yes, I did. I signed it last night after the doctor’s information. |
| Nurse | : | Good. Is this your signature? |
| Patient | : | Yes, it’s my signature. |

1. **MEDICAL AND NON-MEDICAL CHECKLIST**

Medical Check list: Allergies, food and drink

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| Nurse | : | Next, I’m going to ask about your allergies. Do you have any **drug allergies**? |
| Patient | : | Yes. Ultram. |
| Nurse | : | Ok. Ultram. What about any **antibiotic allergies**? |
| Patient | : | No. I don’t think so. |
| Nurse | : | Good. Did you eat any **breakfast** this morning? |
| Patient | : | No, I didn’t. I’ve been fasting since last night. |
| Nurse | : | Good. You have to empty your stomach at least 8 hours before surgery. |

Non-medical checklist: Dentures, contact lenses, hearing aids, make up, nail polish, jewelry

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| Nurse | : | Do you have any **dentures** in? |
| Patient | : | No, I don’t have any. |
| Nurse | : | Are you wearing **contact lenses**? |
| Patient | : | No. I have taken them off. |
| Nurse | : | Good. And, what about **hearing aids**? |
| Patient | : | No. I don’t wear any hearing aids. |
| Nurse | : | All right. I can see you don’t have any **make up** on. What about **nail polish**? |
| Patient | : | No. Nurse Linda, helped me to remove it this morning. |
| Nurse | : | Okay. Do you wear any **jewelry** like rings, earrings, or necklace?  |
| Patient | : | No, everything is out. |
| Nurse | : | Does your family keep the jewelry? |
| Patient | : | Yes. I gave them all to my family to keep. |
| Nurse | : | Good.  |

1. **CLOSING**

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| Nurse | : | Do you still have any questions about your surgery? |
| Patient | : | Hmm…. When can I eat and drink again after surgery? |
| Nurse | : | After the surgery, your intestines are still ‘sleeping’. You can eat after the intestines are active again, that is, after you pass gasses or after you can hear rumbling noise from your stomach.  |
| Patient | : | Okay. Thank you, Nurse. |
| Nurse | : | You’re welcome. It seems that you are ready for surgery.  |
| Patient | :  | Thank you, nurse. |
| Nurse | : | All right. The operating team will take care of you now.Don’t worry. You’ll be in good hands. |