Laceration Repair Checklist

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identifies indication for procedure Y N

Proper selection of equipment

Appropriate suture material Y N

Appropriate analgesia selection Y N

Appropriate anxiolysis/sedation Y N NA

Appropriate preparation and sterile technique Y N

Proper technical skill Y N

Appropriate dressing Y N

Successful at procedure Y N

Appropriate follow up/wound care instructions Y N

Did the person display the skill to perform the procedure independently without direct supervision? Y N

Comments:

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Preceptors name and signature