

**Placenta Praevia and Suspected
Accreta / Percreta Checklist**

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct visit patient label

CLINICAL DETAILS

Date: ___/___/____ Time: _____ Theatre: _____

Proposed Procedure/Plan: _____

Primary Surgeon: _____ Primary Anaesthetist: _____

PRE-OP CHECKLIST

- | | | |
|--|------------------------------|-----------------------------|
| Placental Imaging Reviewed: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Uterine Artery Balloons In Situ: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Image Intensifier Operating Table Tble: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Consent (including massive transfusion and hysterectomy): | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Cross Matched Blood Available: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Anaesthetic Equipment Ready (cell saver, rapid infuser etc): | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

STAFF and SERVICES (strike out if not required)

- | | | | |
|-----------------------------------|-------------|-------------|-----------------------|
| Delivery Unit / HDU | Name: _____ | Date: _____ | |
| L9 Theatre Co-ordinator | Name: _____ | Date: _____ | Phone: 021 471 618 |
| Anaesthesia Co-ordinator | Name: _____ | Date: _____ | Phone: _____ |
| Interventional Radiologist | Name: _____ | Date: _____ | Phone: _____ |
| Image Intensifier Booked | Name: _____ | Date: _____ | Phone: _____ |
| Urologist | Name: _____ | Date: _____ | Phone: _____ |
| Vascular Surgeon | Name: _____ | Date: _____ | Phone: _____ |
| General Surgeon | Name: _____ | Date: _____ | Phone: _____ |
| Gynae Oncologist | Name: _____ | Date: _____ | Phone: _____ |
| Blood Bank | Name: _____ | Date: _____ | Phone: 24015 or 24014 |
| DCCM Informed | Name: _____ | Date: _____ | Phone: 24800 |
| NICU / Paeds Informed | Name: _____ | Date: _____ | Phone: _____ |
| Level 8 Co-ordinator | Name: _____ | Date: _____ | Phone: 021 492 086 |

NOTES
