



# BASHARAHIL HOSPITAL SURGICAL SAFETY CHECKLIST

## BEFORE INDUCTION OF ANAESTHESIA

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent? <input type="checkbox"/> Yes
Is the site marked? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Is the anaesthesia machine and medication check complete? <input type="checkbox"/> Yes
Is the pulse oximeter on the patient and functioning? <input type="checkbox"/> Yes Is the ETCO2 Line attached to filter and calibrated <input type="checkbox"/> Yes
Does the patient have a: Known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes Difficult airway <input type="checkbox"/> Yes ----- Malnpatchi score

aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available Risk of >500ml blood loss (7ml/kg in children)? <input type="checkbox"/> No <input type="checkbox"/> Yes, and two IVs/central access and fluids planned/blood available in lab Planned central or regional block <input type="checkbox"/> Yes ----- check Bleeding Time Clotting time
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**ANY QUESTION ?**



## BEFORE SKIN INCISION

(with nurse, anesthetist and surgeon)

<input type="checkbox"/> Confirm all team members have introduced themselves by name and role.
To surgeon, anesthetist and nurse: <input type="checkbox"/> What is this patient's name, what procedure is planned, and where will the incision be made?
Has antibiotic prophylaxis been given within the last 60 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
<p style="text-align: center;">Anticipated Critical Events</p> To surgeon: <input type="checkbox"/> What are the critical or non-routine steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss?  To anaesthetist: <input type="checkbox"/> Are there any patient-specific

concerns? To nursing team: <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns?
Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable

**ANY QUESTION ?**



## BEFORE PATIENT LEAVES OR

(with nurse, anaesthetist and surgeon)

Nurse verbally confirms: <input type="checkbox"/> The name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labeling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed
To surgeon, anesthetist and nurse: <input type="checkbox"/> What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Basic Aldert Scoring by anesthetist