

**OT Register No.** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **SURGICAL SAFETY CHECK LIST—W.H.O. GUIDELINES (BH)**

### **PRE-**

Name \_\_\_\_\_ Age/M \_\_\_\_\_ / \_\_\_\_\_

Site /Side \_\_\_\_\_ Marked- \_\_\_\_\_

Procedure- \_\_\_\_\_ Consent- \_\_\_\_\_

H/O Drug Allergy/ Prev. Surgery- \_\_\_\_\_ PAC Done or Not- \_\_\_\_\_

Anesthesia Check List- \_\_\_\_\_ Difficult Airway- \_\_\_\_\_

Pulse Oxi-meter- \_\_\_\_\_ IV Line- \_\_\_\_\_ Blood Arranged- \_\_\_\_\_

Last Meal Taken- \_\_\_\_\_ (Hours Back)Any Thing Else- \_\_\_\_\_

### **TIME OUT**

All Team Members- \_\_\_\_\_ Introduced/ Discussed- \_\_\_\_\_

Surgeon Marked Site & Side - \_\_\_\_\_ / \_\_\_\_\_ Confirmed- \_\_\_\_\_

Surgeon Described Procedure & Risks- \_\_\_\_\_

Anesthetist Described Risk- \_\_\_\_\_ Sterility Checked- \_\_\_\_\_ (OK / Not OK)

Nursing Comments & Problems- \_\_\_\_\_

Antibiotic Given- \_\_\_\_\_ Time \_\_\_\_\_ X-Rays Displayed- \_\_\_\_\_

### **SIGN OUT**

Sponge Count/ Needle Count Confirmed- \_\_\_\_\_ / \_\_\_\_\_

Nurse Confirms Name of the Procedure to be Recorded- \_\_\_\_\_

Specimen Labeled & Sent- \_\_\_\_\_ Equipment Problem if Any- \_\_\_\_\_

Reported & Corrective Measures Taken- \_\_\_\_\_

Surgeon/ Anesthetist/ Duty Doctor/ Nurse Review Post Op Problems & Management-  
\_\_\_\_\_  
\_\_\_\_\_

**Prog In Charge:- Dr. Chawla / OT Tech. Ms. Roni / Dr. Bhagat**