

COLORADO SURGICAL SITE CHECKLIST

Prior to Anesthesia: SIGN IN
Patient has confirmed:
<input type="checkbox"/> Identity (name and DOB)
<input type="checkbox"/> Site
<input type="checkbox"/> Procedure
<input type="checkbox"/> Consent form is signed by patient
<input type="checkbox"/> Site marked <input type="checkbox"/> NA
<input type="checkbox"/> H&P is complete and updated
<input type="checkbox"/> Patient allergies have been reviewed
<input type="checkbox"/> Diagnostic and radiology test results received
<input type="checkbox"/> Verify essential imaging is displayed and labeled correctly <input type="checkbox"/> NA
<input type="checkbox"/> Verify antibiotic prophylaxis within 60 minutes of incision (120 minutes for vancomycin/ flouroquinolones) <input type="checkbox"/> NA
Does patient require a beta blocker
<input type="checkbox"/> Yes and administered <input type="checkbox"/> No
Does patient require VTE prophylaxis
<input type="checkbox"/> Yes (boots/anticoagulants ready) <input type="checkbox"/> NA
<input type="checkbox"/> Identify and obtain special necessary medications, equipment, blood or other products <input type="checkbox"/> NA
<input type="checkbox"/> Risk of hypothermia assessed
<input type="checkbox"/> Verify pre-anesthesia assessment is complete
<input type="checkbox"/> Verify pulse ox is on patient and functioning

Prior To Incision: TIME OUT
<input type="checkbox"/> All team members cease activity for TIME OUT
<input type="checkbox"/> Team members introductions if necessary
Procedure team reviews and affirms:
<input type="checkbox"/> Correct Patient
<input type="checkbox"/> Correct site is marked <input type="checkbox"/> NA
<input type="checkbox"/> Correct procedure
<input type="checkbox"/> Correct patient position
<input type="checkbox"/> Surgeon reviews anticipated events:
<ul style="list-style-type: none"> • Critical or potential unexpected steps • Duration of procedure • Blood loss/blood product availability • Need for special implants/ equipment
<input type="checkbox"/> Anesthetist reviews any patient safety concerns
<input type="checkbox"/> Nursing Team confirms sterility/indicator results
<input type="checkbox"/> Identify special safety precautions based on patient history or medication use

Prior to Leaving OR: SIGN OUT
Nurse verbally confirms:
<input type="checkbox"/> Name of procedure was recorded
<input type="checkbox"/> The instrument, sponge and needle counts are correct (as applicable)
<input type="checkbox"/> Specimen is labeled (name and DOB)
<input type="checkbox"/> Address any equipment problems that need to be corrected
<input type="checkbox"/> Proceduralist, anesthetist and nurse review key concerns for patient recovery and management
<input type="checkbox"/> Discontinue prophylactic antibiotics (if applicable)
<input type="checkbox"/> VTE prophylaxis administered <input type="checkbox"/> NA
<input type="checkbox"/> Surgical team debriefing if necessary

This checklist is based on the WHO Surgical Safety Checklist developed by the World Health Organization. This checklist is also inclusive of additional Joint Commission requirements and the Surgical Care Improvement Project measures



RN Signature: _____ Date: _____ Time: _____
