

GSH THEATRE SAFETY CHECK-LIST

SURNAME : NAME : FOLDER NO. DOB : <p style="text-align: center;">PATIENT STICKER</p>
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ANAESTHETIST'S NAME :..... SIGNED : (on behalf of team) DATE :
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Sign In – Prior to Induction of Anaesthesia	Yes	No	N/A
Patient confirmed identity, site, procedure and consent			
Side marked (for non mid-line procedures)			
Anaesthesia safety check completed			
Does patient have a known allergy?			
Difficult airway / aspiration risk?			
Risk of > 1000 cc blood loss?			
Adequate IV access?			

Time out - Prior to Skin Incision	Yes	No	N/A
Confirm all team members have introduced themselves - name and role			
Surgeon, Anaesthetist, and Nurse verbally confirm : patient, side, procedure, position			
Antibiotic Prophylaxis : given in last 60 minutes?			
Essential Imaging : displayed?			
ANTICIPATED CRITICAL EVENTS			
Surgeon reviews :			
<ul style="list-style-type: none"> • What are the critical or unexpected steps : anticipated operative duration and blood loss? 			
Anaesthesia Team reviews :			
<ul style="list-style-type: none"> • Patient-specific concerns, if any? 			
Nursing Team reviews :			
<ul style="list-style-type: none"> • Sterility indicator results, equipment issues, other concerns? 			

Sign Out – Prior to patient leaving theatre	Yes	No	N/A
NURSE VERBALLY CONFIRMS WITH THE TEAM :			
Actual procedure performed : has this been recorded in the theatre register			
Are the instrument, swab and needle counts correct			
Are specimens correctly labelled : in correct preservative and lab forms completed			
Are there any equipment malfunctions / issues to be addressed?			
SURGEON, ANAESTHETIST NURSE REVIEW :			
Key concerns and plan for recovery and management of patient discussed			
CRITICAL EVENTS ? (any event which may harm patient)			
<ul style="list-style-type: none"> • If YES, was critical incident report completed? 			