



**SURGICAL SAFETY
CHECKLIST**

TO BE COMPLETED: PREOPERATIVELY

- Patient has confirmed his/her
- Identity • Procedure
 - Surgical site • Consent

- Site marked Not Applicable

Does patient have a known allergy?

- No
 Yes _____

- Verbally confirmed Anesthesia Provider interviewed patient and performed anesthesia safety check: airway equipment, breathing system, suction, drugs/devices, emergency meds

Verbally confirmed with Anesthesia Provider if patient is a difficult airway/aspiration risk

- No risk
 Yes, at risk and equipment assistance is available

Verbally confirmed with Anesthesia Provider if patient is at risk for blood loss > 500ml (7ml/kg in children)?

- No risk
 Yes, at risk and adequate intravenous access and fluids are planned

- Nurse reviews:**
- Is sterility confirmed?
 - Any equipment issues or other concerns?

Are the correct implants in the room?

- Yes
 Not applicable

BEFORE SKIN INCISION

- All team members have been introduced by name and role to patient

- Site marked is exposed and visible to all team members

- All team members verbally confirm patient's identity, surgical site and procedure

- Surgeon reviews:**
- Any unexpected steps?
 - Surgery duration?
 - Anticipated blood loss?

- Anesthesia Provider reviews:**
- Any patient-specific concerns?

Have antibiotics been given within the last 60 minutes?

- Yes
 Not applicable

Are the correct x-rays in the room?

- Yes
 Not applicable

- After patient has been prepped and draped, marked site is visible to all team members

BEFORE PATIENT LEAVES O.R.

Nurse verbally confirms with operating room team:

- Name of the procedure recorded on the operating room record

- Instrument, sponge and needle counts are correct
 Not applicable

- How specimens are labeled, including patient and surgeon names

- Whether there are any equipment problems to be addressed

- Surgeon, anesthesia care provider and nurse review the key concerns for the recovery and management of this patient

Form completed by:

Printed Name _____

Signature/Credentials _____

Date/Time _____

Printed Name _____

Signature/Credentials _____

Date/Time _____