

# LLUMC Surgical Safety Checklist

## BEFORE INDUCTION OF ANESTHESIA →

(Nurse reads out loud)

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 anesthesia machine and medication check complete? <input type="checkbox"/> Yes
Is the pulse oximeter on the patient and functioning? <input type="checkbox"/> Yes
Does the patient have a: Known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is there a need for a Perioperative Beta Blocker? <input type="checkbox"/> No <input type="checkbox"/> Yes, and Patient has received a dose or Perioperative dose ordered
Difficult airway/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
Risk of hypothermia (operation >1h)? <input type="checkbox"/> No <input type="checkbox"/> Yes and warmer in place

**BEFORE INDUCTION**  
 Section one completed.

## BEFORE SKIN INCISION →

(Nurse reads out loud)

Everyone please state name and role. <input type="checkbox"/> Yes
To surgeon, anesthesia provider, scrub personnel, and nurse verbally confirm: <input type="checkbox"/> Patient name, procedure, & site
Has antibiotic prophylaxis been given within the last 60 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Is Venous Thromboembolism prophylaxis needed? <input type="checkbox"/> Yes, and boots/anticoagulants in place <input type="checkbox"/> Not applicable
Anticipated Critical Events To surgeon: <input type="checkbox"/> What are the critical steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? <input type="checkbox"/> What implants/equipment are needed? To anesthesia provider: <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

**BEFORE SKIN INCISION**  
 Section two completed.

## BEFORE PATIENT LEAVES THE ROOM →

(Nurse reads out loud)

To surgeon: <input type="checkbox"/> Has the "Hadley Check" been completed? Confirmation instruments & Sponges are out of Incision.
Nurse verbally confirms to team: <input type="checkbox"/> Instruments, sponges and needle counts are correct (or not applicable).
Nurse verbally requests from the team: <input type="checkbox"/> How shall I record the name of the procedure? <input type="checkbox"/> How shall I label the specimens (including patient name)? <input type="checkbox"/> Are any equipment problems to be addressed?
To surgeon, anesthesia provider and nurse: <input type="checkbox"/> What are the key concerns for recovery and management of this patient?

**BEFORE LEAVING THE ROOM**  
 Section three completed.



World Health Organization

Based on the WHO Surgical Safety Checklist

Please document in Nurses Notes in Perioperative Documentation if Surgical Safety Checklist was completed in full (Completed in full means section One, Two & Three were completed.)