

Patient Name: _____ Age: _____ Operation: _____

Address: _____ Sex: _____ Date: _____

SURGICAL SAFETY CHECKLIST



Government Hospital
Makeni

Before induction of anaesthesia ▶▶▶▶▶▶▶▶▶▶ Before skin incision ▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶ Before patient leaves operating room

SIGN IN
PATIENT HAS CONFIRMED
▪ IDENTITY
▪ SITE
▪ PROCEDURE
▪ CONSENT
SITE MARKED/ NOT APPLICABLE
ANAESTHESIA SAFETY CHECK COMPLETED
DOES PATIENT HAVE A:
KNOWN ALLERGY?
NO
YES
DIFFICULT AIRWAY/ ASPIRATION RISK?
NO
YES, AND EQUIPMENT/ ASSISTANCE AVAILABLE
ADEQUATE INTRAVENOUS ACCESS AND FLUID PLANNED FOR BLOOD LOSS RISKS OF >500 ML (7ML/KG IN CHILDREN)?
YES
NO
HIV STATUS?
POSITIVE
NEGATIVE
UNKNOWN

TIME OUT
CONFIRM ALL NEW TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
▪ PATIENT
▪ SITE
▪ PROCEDURE
ANTICIPATED CRITICAL EVENTS
SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATION DURATION, ANTICIPATED BLOOD LOSS?
ANAESTHESIA TEAM REVIEWS: ARE THERE AND PATIENT-SPECIFIC CONCERNS?
NURSING TEAM REVIEWS: HAS STERILITY BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?
HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
YES
NOT APPLICABLE
PULSE OXIMETER ON PATIENT AND FUNCTIONING?
YES
NO
IS ESSENTIAL IMAGING DISPLAYED?
YES
NOT APPLICABLE

SIGN OUT
NURSE VERBALLY CONFIRMS WITH TEAM:
THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT
WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
SURGEON, ANESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT
ANAESTHESIA VITALS ARE RECORDED BELOW
SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE COMPLETE NOTES AND DOCUMENTATION

OP Start Time: _____ Low Blood Pressure: _____ Est. Blood Loss: _____

OP End Time: _____ Highest Pulse Rate: _____ Lowest SpO2: _____