

SURGICAL SAFETY CHECKLIST

Surname: _____
 First Name: _____
 U.R. Number: _____
 Ward: _____ Bed: _____

Please affix patient's identification label

SIGN IN Before induction of anaesthesia	TIME OUT Before skin incision	SIGN OUT Before patient leaves operating
<input type="checkbox"/> PATIENT HAS CONFIRMED <ul style="list-style-type: none"> <input type="checkbox"/> IDENTITY <input type="checkbox"/> SITE <input type="checkbox"/> PROCEDURE <input type="checkbox"/> CONSENT <input type="checkbox"/> SITE MARKED/NOT APPLICABLE <input type="checkbox"/> ANAESTHESIA SAFETY CHECK <input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONING DOES PATIENT HAVE A: KNOWN ALLERGY? <input type="checkbox"/> NO <input type="checkbox"/> YES 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 ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED PROSTHESIS/SPECIAL EQUIPMENT: IF PROSTHESIS (OR SPECIAL EQUIPMENT) IS TO BE USED IN THEATRE, HAS IT BEEN CHECKED AND CONFIRMED? <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE	CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM <input type="checkbox"/> PATIENT <input type="checkbox"/> SITE <input type="checkbox"/> PROCEDURE ANTICIPATED CRITICAL EVENTS <input type="checkbox"/> SURGEON REVIEW: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS? <input type="checkbox"/> ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS? <input type="checkbox"/> NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS? HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES? <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE HAS THROMBOPROPHYLAXIS BEEN ORDERED? <input type="checkbox"/> YES <input type="checkbox"/> NOT REQUIRED IS ESSENTIAL IMAGING DISPLAYED? <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE	NURSE VERBALLY CONFIRMS WITH THE TEAM: <input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED <input type="checkbox"/> THAT INSTRUMENT, SPONGE, NEEDLE AND OTHER COUNTS ARE CORRECT <input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME) <input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED SURGEON, ANAESTHESIA PROFESSIONAL FOR RECOVERY AND MANAGEMENT OF THIS PATIENT AND NURSE REVIEW THE KEY CONCERNS Scout nurse signature Date

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