

PILOT - SURGICAL SAFETY CHECKLIST

AMBULATORY SURGERY CENTERS

BEFORE INDUCTION OF ANESTHESIA

(Circulator or Anesthesia Provider Led)



BEFORE SKIN INCISION (TIME OUT)

(Surgeon Led)



BEFORE PATIENT LEAVES ROOM

(Circulator Led)

Circulator to the team:

I have confirmed the following with the patient
(State patient's name, procedure, site, etc.):

- Patient name
- Surgical site
- Surgical procedure to be performed
- Consent
- The site has been marked

Anesthesia/sedation provider with the team:

- The anesthesia safety check has been completed
- Review of patient allergies
- Anticipated airway or aspiration difficulty
 - Required equipment/assistance available
- Active warming in place

Circulator to the team:

- Has sterility been confirmed (including indicator results)?
- Are external compression devices in place if needed?
- Implants, medications, and solutions are available
- Are there equipment issues or other concerns?

BEFORE INDUCTION check complete

Circulator: Attention! We need to do a TIME OUT.

Surgeon: We'll start by introducing ourselves and our roles.

- This is [patient's name]
- We are doing [procedure/site/laterality] as stated on the consent.
- I have confirmed that the patient is in the correct position for this procedure.
- I have confirmed that the site marking is visible.
- Review of patient allergies if indicated

Circulator to the surgeon:

- How long will the case take?
- Are there any critical steps?
- Is essential imaging available and accessible?

Circulator to the anesthesia provider:

- Have antibiotics been started within the required time and documented?

Circulator to the team:

- Baseline counts have been completed

Surgeon to the team:

- I request that anyone who has a concern at any time speak up.
- Does everyone agree we are ready to go?

BEFORE SKIN INCISION check complete

Circulator to the team:

- How shall I record the procedure name?
- What is the wound classification for this case?
- I have _____ (#) specimens and have labeled them as _____.
- Are there special instructions for the pathologist?
- I have verified that the counts are correct.
- Are there any equipment issues to be addressed?
- What are the key concerns for recovery and management of this patient?

Optional:

Is there anything we could have done better?

BEFORE LEAVING ROOM check complete

Based on the WHO Surgical Safety Checklist developed by:



World Health Organization

July 13 2009 Columbia River Region (Oregon & SW Washington) Chapter of the Association of peri-Operative Registered Nurses (AORN) and the Metro Area Surgical Services Management Organization, Oregon Ambulatory Surgery Center Association, Oregon JHI Network (Acumentro Health, CareOregon, Oregon Association of Hospitals and Health Systems, Oregon Medical Association, Oregon Nurses Association, Oregon Patient Safety Commission)