

SURGICAL SAFETY CHECKLIST

BEFORE INDUCTION OF ANESTHESIA

BEFORE SKIN INCISION

BEFORE PATIENT LEAVES ROOM

CHECK IN

TIME OUT

CHECK OUT

<input type="checkbox"/> Patient ID Verified (wristband and Chart)
<input type="checkbox"/> Team introductions to patient including name and role
<input type="checkbox"/> Airway assessment has been confirmed
<input type="checkbox"/> Verification of patient allergies noted
<input type="checkbox"/> Anticipated estimated blood loss <input type="checkbox"/> Blood availability confirmed
<input type="checkbox"/> Patient warming addressed
<input type="checkbox"/> All anesthesia medications are labeled

<p>To surgeon:</p> <input type="checkbox"/> Based on patient History or medication use, Safety precautions taken <input type="checkbox"/> Fluid irrigation needs verified <input type="checkbox"/> Estimated length of case <input type="checkbox"/> Blood availability confirmed <input type="checkbox"/> Implants, special equipment is confirmed available
<p>To nursing team:</p> <input type="checkbox"/> Sterility has been checked <input type="checkbox"/> Pre-procedure surgical counts complete & recorded <input type="checkbox"/> Essential imaging is displayed, in correct orientation, for correct patient. Confirmed by surgeon and _____ (team member)
<p>To Surgical Team:</p> <input type="checkbox"/> Patient's name and DOB <input type="checkbox"/> Procedure plan is <input type="checkbox"/> Consent confirmed correct <input type="checkbox"/> Surgical site marking is visible at this time (After prep and draping) <input type="checkbox"/> Patient position is verified <input type="checkbox"/> Antibiotic prophylaxis been given & documented within the last 60 minutes (Vancomycin / Ciprofloxacin -within last 2 hours) <input type="checkbox"/> DVT/PE Prevention plan in place <input type="checkbox"/> Neutral Zone Established

<p>Nurse verbally requests from the team: Prior to closure: <input type="checkbox"/> The procedure is documented as <input type="checkbox"/> All required instrument, sponge and sharp counts are confirmed complete and correct.</p>
<p>To surgeon, anesthesia provider: <input type="checkbox"/> Post-op needs <input type="checkbox"/> Antibiotic redosing</p>

Specimen Check Out

<p>To surgeon <input type="checkbox"/> Dr _____, before you leave, let's confirm the specimen and label - pathology sign off confirms your visual inspection of the specimen</p>
<p>At completion of Case: <input type="checkbox"/> Equipment or preference card concerns noted on follow up form <input type="checkbox"/> All patient stickers & specimens removed from room at end of case</p>

Time Out Participants

_____	_____
_____	_____
_____	_____

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RN Signature

Date/Time