


VETERANS HEALTH ADMINISTRATION
Preoperative Briefing Guide for Use in the Operating Room
 ✓ Read and Verify Checklist, Local Facilities Decide When Checklist Completed.

<input type="checkbox"/> Patient Name ¹⁻⁴ <input type="checkbox"/> Social Security #, Birthdate, or Other VA-Approved Identifier ¹ <input type="checkbox"/> Names & Roles of Team Members ² <input type="checkbox"/> Procedure ¹⁻⁴ <input type="checkbox"/> Surgical Site ¹⁻⁴ <input type="checkbox"/> Marked or on Wristband <input type="checkbox"/> Laterality/Side ¹⁻⁴ <input type="checkbox"/> Known Allergy ² <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Anesthesia ² <input type="checkbox"/> Difficult Airway, Aspiration Risk? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Equipment & Assistance Available <input type="checkbox"/> Safety Check Completed <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> Instruments & Special Equipment ²⁻⁴ <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> Implant (s) ^{1,4} <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Specifics	<input type="checkbox"/> Pertinent Lab Results <input type="checkbox"/> Risk of >500 ml Blood Loss ^{2,4} <input type="checkbox"/> No <input type="checkbox"/> Yes, and adequate IV access and fluids planned, and blood availability confirmed <input type="checkbox"/> If Yes, <input type="checkbox"/> Type & Screen <p style="text-align: center;">OR</p> <input type="checkbox"/> Type & Cross <input type="checkbox"/> Prophylactic Antibiotics Given Within 60 Minutes of Incision ²⁻⁴ <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> DVT Prophylaxis ⁴ <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Anticipated Critical Events ² <input type="checkbox"/> Surgeon <input type="checkbox"/> Anesthesia <input type="checkbox"/> Nursing <input type="checkbox"/> Postop Disposition & Bed Availability ⁴	<div style="text-align: center; border: 2px solid black; padding: 10px;">  <h2 style="margin: 0;">TIME OUT!</h2> <ul style="list-style-type: none"> <input type="checkbox"/> Name of Patient & SS# or birthdate <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Position <input type="checkbox"/> Consent form checked (patient, procedure, site/side, reason) <input type="checkbox"/> Check that surgical site marked (and visible after draping) and/or wristband confirmed <input type="checkbox"/> Implant to be used (if applicable) <input type="checkbox"/> Two members confirm imaging studies available, correct, properly labeled, presented <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> N/A </div>
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*This checklist contains the elements of the WHO checklist and also includes a sampling of the majority of elements as suggested by frontline OR teams from the VHA. The WHO Surgical Safety Checklist is available at

http://www.safesurg.org/uploads/1/0/9/0/1090835/sssl_checklist_finaljun08.pdf

¹VHA Policy/Directive, ²WHO Checklist, ³Joint Commission, ⁴Medical Team Training