

# SURGICAL SAFETY CHECKLIST MINOR ANESTHESIA

PIN # \_\_\_\_\_ VISIT # \_\_\_\_\_  
PATIENT LAST NAME \_\_\_\_\_ PATIENT FIRST NAME \_\_\_\_\_ PATIENT MIDDLE NAME \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
D.O.B. \_\_\_\_\_ MM DD YYYY \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ ONT HEALTH CARD # \_\_\_\_\_  
ATTENDING PHYSICIAN \_\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_

**\*\*\*ALL TEAM MEMBERS MUST BE PRESENT FOR ALL 3 PHASES OF CHECKLIST\*\*\***

## BRIEFING - Before induction of anesthesia

- All team members introduce themselves to patient

### CIRCULATING NURSE

- Patient information confirmed
- Identify (2 identifiers)
  - Consent(s)
  - Site, side and procedure
  - Site marked
  - Clinical documentation- History, physical, labs, biopsy and x-rays

- Allergies

### ANESTHESIOLOGIST

- Anesthesia equipment safety check completed
- ASA Class
- Difficult Airway / Aspiration Risk
- Confirm equipment and assistance available
- Monitoring
- Pulse oximetry, ECG, BP, temperature

### SURGEON(S) REVIEW(S)

- Special instruments or implants
- Patient positioning and support
- Special precautions i.e. MH

## TIME OUT - Before skin incision

- Surgeon, Anesthesiologist, and Nurse verbally confirm
- Patient
  - Site and side
  - Procedure

"Does anyone have any other questions or concerns before proceeding?"

## DEBRIEFING - Before patient leaves OR

- Surgeon reviews with entire team
- Procedure
  - Important intra-operative events
  - Fluid balance / management
- Nurse(s) review(s) with entire team
- Instrument / sponge / needle count
  - Specimen labeling and management
  - Important intraoperative events (including equipment malfunction)
- Changes to post-operative destination?
- Could anything have been done to make this case safer or more efficient?**

*Hand-off to PACU, Nursing unit or ICU*