

SURGICAL SAFETY CHECKLIST

Emergency Surgical Safety Checklist		Date:
BRIEFING Before induction of anesthesia	TIME OUT Before skin incision	DEBRIEFING Before patient & surgeon leave operating room
<p>Has the patient confirmed his/her identity, site, procedure, and consent? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Confirm all team member are present and introduced</p> <p>Is the site marked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Is the anesthetic machine functioning and anesthesia medications available? <input type="checkbox"/> Yes</p> <p>Is the pulse oximeter on the patient and functioning? <input type="checkbox"/> Yes <input type="checkbox"/> Venous thromboembolism prophylaxis (VTE) considered _____</p> <p>Does the patient have a known Allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes: Describe Reaction: _____</p> <p>Difficult airway or aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available</p> <p>Risk of greater than 500mL blood loss (7mL/kg in children) <input type="checkbox"/> No <input type="checkbox"/> Yes - two IVs, peripheral or central venous access device in situ</p> <p>Nursing Team: <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns?</p>	<p><input type="checkbox"/> Confirm the patient's name procedure, and where the incision will be made.</p> <p>Has antibiotic prophylaxis been given within the last 60 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Action Taken _____ <input type="checkbox"/> Not Applicable</p> <p>Anticipated Critical Events:</p> <p>Surgeon: <input type="checkbox"/> What are the critical or non-routine steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss?</p> <p>Anesthetist: <input type="checkbox"/> Is there any patient - specific concerns?</p> <p>Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable</p> <p>Are pathology reports available? <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable</p>	<p>Perioperative nurse verbally confirms: <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed</p> <p>Surgeon: <input type="checkbox"/> What procedure was performed <input type="checkbox"/> Important intraoperative events <input type="checkbox"/> Fluid balance management</p> <p>Anaesthetist: <input type="checkbox"/> Intra operative events. <input type="checkbox"/> Recovery plans including pain management, glucose monitoring and temperature correction or maintenance. <input type="checkbox"/> What are the key concerns for recovery and management of this patient?</p> <p><input type="checkbox"/> Discussed opportunities for improvement?</p> <p><input type="checkbox"/> Signature/Designation:</p>