

COMPREHENSIVE SURGICAL CHECKLIST

Per requirements from: World Health Organization (WHO), The Joint Commission, Universal Protocol and National Patient Safety Goals

PREPROCEDURE CHECK-IN	SIGN-IN	TIME-OUT	SIGN-OUT
<p>In Preoperative Ready Area</p>	<p>Before Induction of Anesthesia</p>	<p>Before Skin Incision</p>	<p>Before the Patient Leaves the Operating Room</p>
<p>Patient or patient representative actively confirms with registered nurse (RN):</p>	<p>RN and anesthesia professional confirm:</p>	<p>Initiated by designated team member: All other activities to be suspended (except in case of life-threatening emergency)</p>	<p>RN confirms:</p>
<p>Identity <input type="checkbox"/> Yes Procedure and procedure site <input type="checkbox"/> Yes Consent(s) <input type="checkbox"/> Yes Site marked by the person performing the procedure <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>RN confirms presence of: History and physical <input type="checkbox"/> Yes Pre-anesthesia assessment <input type="checkbox"/> Yes Nursing assessment <input type="checkbox"/> Yes Diagnostic and radiologic test results <input type="checkbox"/> Yes <input type="checkbox"/> N/A Blood products <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any special equipment, devices, implants <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Include in Pre-procedure check-in as per institutional custom: Beta blocker medication given <input type="checkbox"/> Yes <input type="checkbox"/> N/A Venous thromboembolism prophylaxis ordered <input type="checkbox"/> Yes <input type="checkbox"/> N/A Normothermia measures <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> </div>	<p>Confirmation of the following: identity, procedure, procedure site, and consent(s) <input type="checkbox"/> Yes</p> <p>Site marked by person performing the procedure <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Patient allergies <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Pulse oximeter on patient <input type="checkbox"/> Yes</p> <p>Difficult airway or aspiration risk <input type="checkbox"/> No <input type="checkbox"/> Yes (preparation confirmed)</p> <p>Risk of blood loss (> 500 mL) <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p># of units available _____</p> <p>Anesthesia safety check completed <input type="checkbox"/> Yes</p> <p>Briefing: All members of the team have discussed care plan and addressed concerns <input type="checkbox"/> Yes</p> <p>UV/HEPA Air Disinfection: Daily Illuvia filter cartridge changed <input type="checkbox"/> Yes</p>	<p>Introduction of team members <input type="checkbox"/> Yes</p> <p>All: Confirmation of the following: identity, procedure, incision site, consent(s) <input type="checkbox"/> Yes Site is marked and visible <input type="checkbox"/> Yes <input type="checkbox"/> N/A Fire Risk Assessment and Discussion <input type="checkbox"/> Yes (prevention methods implemented) <input type="checkbox"/> N/A Relevant images properly labeled and displayed <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any equipment concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Anticipated Critical Events Surgeon States the following: <input type="checkbox"/> Critical or non-routine steps <input type="checkbox"/> Case duration <input type="checkbox"/> Anticipated blood loss</p> <p>Anesthesia professional: Antibiotic prophylaxis within 1 hour before incision <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Scrub person and RN circulator: Sterilization indicators confirmed <input type="checkbox"/> Yes</p> <p>RN: Documented completion of time out <input type="checkbox"/> Yes</p>	<p>Name of operative procedure: _____</p> <p>Completion of sponge, sharp, and instrument counts <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Specimens identified and labeled <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Equipment problems to be addressed <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Discussion of Wound Classification <input type="checkbox"/> Yes</p> <p>To all team members: What are the key concerns for recovery and management of this patient? _____ _____ _____</p> <p>Debriefing with all team members: Opportunity for discussion of – team performance – key events</p>

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