## COMPREHENSIVE SURGICAL CHECKLIST

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

### PREPROCEDURE CHECK-IN

In Preoperative Ready Area

Patient or patient representative actively confirms with registered nurse (RN):

- Identity □ Yes
- Procedure and procedure site □ Yes
- Consent(s) □ Yes
- Site marked by the person performing the procedure □ Yes □ N/A

RN confirms presence of:
- History and physical □ Yes
- Pre-anesthesia assessment □ Yes
- Nursing assessment □ Yes
- Diagnostic and radiologic test results □ Yes □ N/A
- Blood products □ Yes □ N/A
- Any special equipment, devices, implants □ Yes □ N/A

Include in Pre-procedure check-in as per institutional custom:
- Beta blocker medication given □ Yes □ N/A
- Venous thromboembolism prophylaxis ordered □ Yes □ N/A
- Normothermia measures □ Yes □ N/A

### SIGN-IN

Before Induction of Anesthesia

confirmation of the following: identity, procedure, procedure site, and consent(s) □ Yes

- Site marked by person performing the procedure □ Yes □ N/A
- Patient allergies □ Yes □ N/A
- Pulse oximeter on patient □ Yes
- Difficult airway or aspiration risk □ No □ Yes (preparation confirmed)
- Risk of blood loss (> 500 mL) □ Yes □ N/A
- # of units available □
- Anesthesia safety check completed □ Yes

Briefing:

All members of the team have discussed care plan and addressed concerns □ Yes

- UV/HEPA Air Disinfection:
  Daily Illuvia filter cartridge changed □ Yes

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Daily Illuvia filter cartridge changed □ Yes

### TIME-OUT

Before Skin Incision

Initiated by designated team member:

All other activities to be suspended (except in case of life-threatening emergency)

Introduction of team members □ Yes

All:

- Confirmation of the following: identity, procedure, incision site, consent(s) □ Yes
- Site is marked and visible □ Yes □ N/A
- Fire Risk Assessment and Discussion □ Yes (prevention methods implemented)
- □ N/A
- Relevant images properly labeled and displayed □ Yes □ N/A
- Any equipment concerns □ Yes □ N/A

Anticipated Critical Events

Surgeon States the following:

- □ Critical or non-routine steps
- □ Case duration
- □ Anticipated blood loss

Anesthesia professional:

- Antibiotic prophylaxis within 1 hour before incision □ Yes □ N/A
- Scrub person and RN circulator:
  Sterilization indicators confirmed □ Yes
- RN:
  Documented completion of time out □ Yes

To all team members:

What are the key concerns for recovery and management of this patient?

Debriefing with all team members:

Opportunity for discussion of

- team performance
- key events

Name of operative procedure:

________________________

Completion of sponge, sharp, and instrument counts □ Yes □ N/A

Specimens identified and labeled □ Yes □ N/A

Equipment problems to be addressed □ Yes □ N/A

Discussion of Wound Classification □ Yes

### SIGN-OUT

Before the Patient Leaves the Operating Room

RN confirms:

- Name of operative procedure:
  __________________________
  Completion of sponge, sharp, and instrument counts □ Yes □ N/A
  Specimens identified and labeled □ Yes □ N/A
  Equipment problems to be addressed □ Yes □ N/A
  Discussion of Wound Classification □ Yes

The Joint Commission does not stipulate which team member initiates any section of the checklist except for site marking. The Joint Commission also does not stipulate where these activities occur. See the Universal Protocol for details on the Joint Commission requirements.