

SAFETY CHECKLIST

Location: ☐ OT ☐ ICL ☐ Others: _____

Please tick ✓ where applicable

PATIENT'S INFORMATION
(Please Stick Label)

SIGN IN—PRE PROCEDURE

Before induction of Anaesthesia:

☐ GA / sedation ☐ Regional ☐ Local Anaesthesia

2 patient identifiers: ☐ Full name ☐ MRN

☐ Confirm procedure with patient / caregiver ☐ N/A

☐ Consent forms complete

Known allergy: ☐ Yes: _____ ☐ No

☐ SITE MARKING ☐ N/A

☐ Blood products available ☐ N/A

☐ Implant check ☐ N/A

☐ Medical equipment check (Checklist) ☐ N/A

☐ Check defibrillator pads ☐ N/A

☐ Anaesthesia Safety Checks (GA machine) ☐ N/A

☐ Difficult airway / aspiration risk & equipment / ☐ N/A

assistance available

☐ *Appropriate last meal ☐ N/A

Any new signs / symptoms that may alter the cause of

Anaesthesia / Surgery: ☐ Yes _____ ☐ No ☐ N/A

Applicable for OT only

☐ Risk Stratification Score (EuroScore) ☐ N/A

Doctor's Signature & Name (if applicable):

Nurse's Signature & Name:

Date & Time:

TIME OUT—FINAL VERIFICATION BEFORE PROCEDURE

Before start of intervention (e.g., skin incision)

☐ Identify team members

☐ Confirm patient's name & MRN

☐ Confirm surgery / procedure & site

☐ Prepare special medical equipment ☐ N/A

Known allergy: ☐ Yes ☐ No

☐ Instrument sterility checked

Applicable for OT only

☐ Position patient ☐ N/A

☐ Display required imaging ☐ N/A

☐ Perfusion & regime confirmed ☐ N/A

Surgical prophylaxis antibiotic given: ☐ Yes ☐ No ☐ N/A

Applicable for ICL only

Dual antiplatelet given: ☐ Yes ☐ No ☐ N/A

Blood results:

☐ Creatinine ☐ N/A

☐ Serology ☐ N/A

☐ Haemoglobin ☐ N/A

☐ INR ☐ N/A

Time antibiotic prophylaxis given: _____ ☐ N/A

Nurse's Signature & Name:

Date & Time:

SIGN OUT—POST PROCEDURE

Before any member of the team leaves the procedure room

☐ Name of procedure recorded

☐ Specimens labeled correctly ☐ N/A

☐ Blood loss recorded ☐ N/A

☐ Blood & blood products transfused ☐ N/A

☐ Balance of blood & blood products transferred to ☐ N/A
CCA / ward

Any equipment problems identified that need to be
addressed:

☐ Yes _____ ☐ No ☐ N/A

Procedural problems discussed:

☐ Yes _____ ☐ No ☐ N/A

☐ Operation / Procedure Notes completed ☐ N/A

☐ Post-op / post-procedure care plan documented ☐ N/A

☐ Patient's identification wristband checked ☐ N/A

Applicable for OT only

☐ Instruments, swabs, sharps, & needle counts ☐ N/A
complete & accurate

Second antibiotic given: ☐ Yes ☐ No ☐ N/A

Nurse's Signature & Name:

Date & Time:

*Adult—4 to 6 hours, Paediatric—Clear fluids 2 to 4 hours

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To be read out loud