

SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia

Before skin incision

Before patient leaves operating room

SIGN IN	
<input type="checkbox"/>	<p>PATIENT HAS CONFIRMED</p> <ul style="list-style-type: none"> • IDENTITY • SITE • PROCEDURE • CONSENT
<input type="checkbox"/>	SITE MARKED/NOT APPLICABLE
<input type="checkbox"/>	ANAESTHESIA SAFETY CHECK COMPLETED
<input type="checkbox"/>	PULSE OXIMETER ON PATIENT AND FUNCTIONING
DOES PATIENT HAVE A:	
<input type="checkbox"/>	KNOWN ALLERGY?
<input type="checkbox"/>	NO
<input type="checkbox"/>	YES
<input type="checkbox"/>	DIFFICULT AIRWAY/ASPIRATION RISK?
<input type="checkbox"/>	NO
<input type="checkbox"/>	YES, AND EQUIPMENT/ASSISTANCE AVAILABLE
<input type="checkbox"/>	RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
<input type="checkbox"/>	NO
<input type="checkbox"/>	YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

TIME OUT	
<input type="checkbox"/>	CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
<input type="checkbox"/>	SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM <ul style="list-style-type: none"> • PATIENT • SITE • PROCEDURE
	ANTICIPATED CRITICAL EVENTS
<input type="checkbox"/>	SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
<input type="checkbox"/>	ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
<input type="checkbox"/>	NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?
<input type="checkbox"/>	HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
<input type="checkbox"/>	YES
<input type="checkbox"/>	NOT APPLICABLE
<input type="checkbox"/>	IS ESSENTIAL IMAGING DISPLAYED?
<input type="checkbox"/>	YES
<input type="checkbox"/>	NOT APPLICABLE

SIGN OUT	
NURSE VERBALLY CONFIRMS WITH THE TEAM:	
<input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED	
<input type="checkbox"/> THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)	
<input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)	
<input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED	
<input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT	