

Surgical Safety Checklist



Name :
DOB:
Hospital No:

		AND FREEDOM	HOSPITAL NO
Before Induction of Anaesthesia	Before Skin Incision		Before Skin Incision
OT In Time:	Surgeon & Anaesthetist introduced	Clos	ure :
Surgical: Blood Tests: Date Taken: MPS: MPS: MPS: Child? Yes No T&S: X-Match: Consent form signed? Num Units Available: Surgical Site Marked? Yes NA Current Medication Medication Musing: Starvation: Last Ate Last Drank Weight Medication Medication Last Ate SpO2 Medication Medication Medication Starvation: Last Ate SpO2 Medication Medication Medication Mursing:	to patient. Team to review the planned list Surgeon, Anaesthetist, Nurse, Verbally confirm Patient Site (if appropriate) Procedure Anticipated Critical Events Surgeon Reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss? Anaesthetist Reviews: Are there any patient concerns? Nursing Team Reviews: Has sterility been confirmed? Are there equipment issues or concerns?	The cor	Verbally confims with the team: e name of the procedure recorded at the instrument, sponge and needles unts are correct by the specimen is labelled nether there are any equipment problems be addressed Out: Irgeon, Anaesthetist, and Nurse convey y concerns to recovery Nurse eservations in recovery charted?
IVI sited & running? Y N ID wristband Confirmed by Nurse (System ID):	Prop Start Time :		ntil
Anaesthesia: Difficult Airway / Aspiration Risk? No Yes, equipment & assistance requested Confirmed by (T)ACO (System ID): Induction Time:	Prep Start Time: Has antibiotic prophylaxis been given within 60 mins of skin incision? Yes Not Needed Is Essential Imaging displayed? Yes Not Needed	Po Freque	ency of ward observations core on discharge
Date:	Knife to Skin:	Reco	very Out :