COMPREHENSIVE SURGICAL CHECKLIST

Blue = World Health Organization (WHO) Green = The Joint Commission - Universal Protocol (JC) 2013 National Patient Safety Goals Orange = JC and WHO

PREPROCEDURE	SIGN-IN	TIME-OUT	SIGN-OUT
CHECK-IN			
In Holding Area	Before Induction of Anesthesia	Before Skin Incision	Before the Patient Leaves the Operating Room
Patient/patient representative	RN and anesthesia care provider	Initiated by designated team member	RN confirms:
actively confirms with Registered Nurse (RN):	confirm:	All other activities to be suspended (unless a life-threatening emergency)	
Identity □ Yes Procedure and procedure site □ Yes Consent(s) □ Yes Site marked □ Yes □ N/A by person performing the procedure	Confirmation of: identity, procedure, procedure site and consent(s) □ Yes Site marked □ Yes □ N/A by person performing the procedure Patient allergies □ Yes □ N/A	Introduction of team members □ Yes All: Confirmation of the following: identity, procedure, incision site, consent(s) □ Yes	Name of operative procedure Completion of sponge, sharp, and instrument counts
RN confirms presence of:		Site is marked and visible □ Yes □ N/A	□ Yes □ N/A
History and physical ☐ Yes	Difficult airway or aspiration risk? □ No	Relevant images properly labeled and displayed Yes N/A	
Preanesthesia assessment ☐ Yes	☐ Yes (preparation confirmed) Risk of blood loss (> 500 ml)	Any equipment concerns?	To all team members: What are the key concerns for recovery and management of this patient?
Diagnostic and radiologic test results □ Yes □ N/A	□ Yes □ N/A # of units available	Anticipated Critical Events Surgeon: States the following:	
Blood products □ Yes □ N/A	Anesthesia safety check completed ☐ Yes	□ critical or nonroutine steps □ case duration	
Any special equipment, devices, implants Simple Property of the property of t	Briefing: All members of the team have discussed care plan and addressed concerns	□ anticipated blood loss Anesthesia Provider: □ Antibiotic prophylaxis within one hour before incision □ Yes □ N/A	June 2013
Include in Preprocedure checkin as per institutional custom: Beta blocker medication given (SCIP) □ Yes □ N/A Venous thromboembolism prophylaxis ordered (SCIP)	□ Yes	□ Additional concerns? Scrub and circulating nurse: □ Sterilization indicators have been confirmed □ Additional concerns?	
□Yes □ N/A Normothermia measures (SCIP) □ Yes □ N/A			AORN

The JC 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.