NABH ACCREDITED

MGM
NEW BOMBAY HOSPITAL, VASHI
Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703
Tel.: (022) 5066 6777

JCI ACCREDITED

MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years /M POA : 05/10/2024
BED : SICU-010 WARD : SICU
DR : DR.PRASHANT ATHALE

SURGICAL SAFETY CHECKLIST

Date : 17/10/24

SIGN IN	TIME OUT (Operating Room)	SIGN OUT (Operating Room)
A. IN OPERATING THEATER BEFORE INDUCTION OF ANAESTHESIA Time : 07:50 PM	**B. BEFORE SKIN INCISION (SAFETY PAUSE)** Time : 8:14PM	**C. BEFORE PATIENT LEAVES OPERATING ROOM** Time : 8:30PM
PART A **In Pre-op area before shifting patient to OR, review with patient and check Case File** ☑ 1. Patient Identification (Full Name, UHID) ☑ 2. Surgical Procedure to be performed ☑ 3. Site of Surgical Procedure with marking ☑ 4. Documentation completed - Consent Forms (Surgery, Anesthesia) Completed & Signed ☐ 5. known Allergies If Yes : ..... OT Technician to transfer the patient to or only after PART A is completed and signed by Anesthetist : Circulating Nurse	1. Does everyone in operating team know each other ? ☑ Yes ☐ No 2. Patient's Full Name & UHID Checked. ☑ Yes ☐ No 3. Name of the procedure planned Tracheostomy 4. Is the correct site /side prepared and draped ☑ Yes ☐ No 5. Expected duration of the surgery 30 MINS 6. Is the anything unique or non-routine about this surgery? ☐ Yes ☑ No ROUTINE 7. Has Antibiotic Prophylaxis been given within the last 15-60 minutes? ☐ Yes ☐ No ☐ NA ☑ On Therapeutic Antibiotics Name : INJ Meropenem 1gm Time of Administration : 4:40PM 8. Is there anything unique or non-routine about Anesthesia Administration? ☐ Yes ☑ NA If yes, _____ 9. Has sterility been confirmed? ☑ Yes ☐ No	1. Instruments, sponge and needle counts are correct ☑ Yes ☐ No 2. Name of the actual procedure performed Tracheostomy 3. Specimen Labeling Read back specimen labeling including patient's Full name & UHID ☐ Yes ☐ No ☑ NA 4. Any equipment problems that need to be addressed ☐ Yes ☑ No If yes _____ 5. Can anything be done to make this case safer or more efficient ☐ Yes ☑ No If yes _____ 6. Key concerns for patient recovery and Management ☐ Yes ☐ No If yes _____
PART B Time : 07:50PM Before Induction 1. Is Patient Identification reconfirmed ? ☑ Yes ☐ No 2. Known Allergy ☐ Yes ☑ No _____ 3. Anesthesia safety check has been completed ☑ Yes ☐ No 4. Risk of blood loss>500ml or 7ml / kg in children ☐ Yes ☑ No 5. IV access and fluids planned ☑ Yes ☐ No 6. Blood products available ☐ Yes ☐ No ☑ NA 7. Lab Results are available? ☑ Yes ☐ No 8. Labelled Radiological Results available & displayed? ☐ Yes ☑ NA 9. Implants required are available. ☐ Yes ☑ NA 10. Special equipment's required are available ? ☐ Yes ☑ NA If yes, _____ 11. Airway aspiration risk / Difficult airway? ☑ Yes ☐ No ☐ 12. Anesthesia equipment / Assistance available for airway ☐ Yes ☑ No		SURGEON : _____ ANAESTHETIST : _____ CIRCULATING NURSE : _____ SCRUB NURSE _____
ANAESTHETIST : _____ CIRCULATING NURSE : _____	SURGEON : _____ CIRCULATING NURSE : _____	