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 DOA : 05/10/2024
BED : SICU-011 WARD : SICU
DR DR.PRASHANT ATHALE

SURGICAL SAFETY CHECKLIST

Date : 23/10/24

SIGN IN	TIME OUT (Operating Room)	SIGN OUT (Operating Room)
A. IN OPERATING THEATER BEFORE INDUCTION OF ANAESTHESIA Time : 04:00 Pm	**B. BEFORE SKIN INCISION (SAFETY PAUSE)** Time :	**C. BEFORE PATIENT LEAVES OPERATING ROOM** Time :
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 Exploration And Drainage of Abscess Pelvic RIF AND Perihepatic 4. Is the correct site /side prepared and draped ☑ Yes ☐ No 5. Expected duration of the surgery 1 HR 6. Is the anything unique or non-routine about this surgery? ☐ Yes ☑ No 7. Has Antibiotic Prophylaxis been given within the last 15-60 minutes? ☐ Yes ☐ No ☐ NA ☑ On Therapeutic Antibiotics Name : MAGNEX FORTE 1.5 GM Time of Administration : 04:30 Pm 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 Exploration And Drainage of Perinepatic Perivesical perineal And Lower Part of Main Wound Pus Collection 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 : 04:00 Pm 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 :** _____	