NABH ACCREDITED

MGM NEW BOMBAY HOSPITAL, VASHI

Organization Accredited by Joint Commission International JCI ACCREDITED

MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years /M DOA : 05/10/2024
BED : SW-518 WARD : MWU
DR . DR.PRASHANT ATHALE

SURGICAL SAFETY CHECKLIST

Date : 6/11/24

SIGN IN	TIME OUT (Operating Room)	SIGN OUT (Operating Room)
A. IN OPERATING THEATER BEFORE INDUCTION OF ANAESTHESIA Time : 3:05 PM.	**B. BEFORE SKIN INCISION (SAFETY PAUSE)** Time : 3:28 PM	**C. BEFORE PATIENT LEAVES OPERATING ROOM** Time : 4 PM.
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 CHANGE OF VACCM DRESSING - ABDOMINAL WOUND 4. Is the correct site /side prepared and draped ☑ Yes ☐ No 5. Expected duration of the surgery 1 HOURS. 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 1 GM Time of Administration : 3:20 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 CHANGE OF VACCUM. DRESSING - ABDOMINAL WOUND. 3. Specimen Labeling Read back specimen labeling including patient's Full name & UHID ☑ Yes ☐ No ☐ NA MICRO. 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 : 3:25 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 :**	