Tasmanian Government

SURGICAL SAFETY CHECKLIST

Date:.....

Ward:.....

M.R.N.

SURNAME..... D.O.B.....

LABEL

OTHER NAMES ..... SEX

PRE – INDUCTION CHECKLIST

Patient Identification and Procedure Matching

	Yes	No
Verbal Name Check & DOB with patient:	☐	☐
THCI Number & Pt Core ID:	☐	☐
Does Core ID match Pt Documentation:	☐	☐
Consent Form signed by patient:	☐	☐
Consent Form signed by doctor:	☐	☐
Why not?		
Procedure confirmed with patient:	☐	☐
Patient confirms in their own words the planned procedure:	☐	☐

Allergies or Alerts	Yes	No
Details.....	☐	☐

Fasting Status
Last food: Date: ..... Time:.....
Last fluid: Date: ..... Time:.....

Surgical Site Marked?	Yes	No
	☐	☐
Pre Induction anaesthetic Alerts:	☐	☐
Grp & Hold Cross Match Required:	☐	☐
Is Cross-matched blood in ORS:	☐	N/A ☐

	Yes	No
Current notes:	☐	☐
Old notes:	☐	N/A ☐
Labels:	☐	☐
IV orders:	☐	☐
Medication Chart:	☐	☐
Medical Goals of Care Plan:	☐	☐
Advanced Care directives:	Yes ☐	N/A ☐
Medical certificate required?	☐	☐

PRE – INDUCTION CHECKLIST

Teeth:
Natural, dentures, plates, loose, caps, crowns?

Details: .....

Aids/other prostheses sent with patient to ORS?

No ☐ Yes ☐

(Glasses, contact lenses, hearing aids, wig, etc)

Details: .....

.....

Jewellery/makeup/nail polish absent?

No ☐ Yes ☐

Details: .....

Time bladder emptied: .....

Pacemaker / ICD:	No ☐	Yes ☐
Bowel prep:	N/A ☐	Yes ☐
Skin intact / Pressure Injury:	No ☐	Yes ☐

Details:

Relevant history handed over to surgical team

No ☐ Yes ☐

Admission category:

Public ☐ MAIB ☐ DVA ☐ Private Health Fund ☐

Workers Compensation ☐ Self funded private pt. ☐

O/S Student ☐ O/S Visitor ☐ Other .....

NB: Private patients MUST have consultant surgeon and consultant anaesthetist present in room during procedure.

ANAESTHETIC RN CHECK

NAME: ....

SIGNATURE: ....

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Tasmanian Government

SURGICAL SAFETY CHECKLIST

Theatre No.:.....

Date:.....

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SURNAME..... D.O.B.....

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OTHER NAMES ..... SEX

PRE – OPERATIVE TEAM TIME OUT

Patient Identification and Procedure Matching

Time commenced: .....

	Yes	V	No
Verbal Name Check & DOB with patient:	☐	☐	☐
THCI Number & Pt Core ID:	☐		☐
Does Core ID match Pt Documentation:	☐		☐
Consent Form signed by patient:	☐		☐
Consent Form signed by doctor:	☐		☐
Why not?			
Procedure confirmed with patient:	☐		☐
Patient confirms in their own words the planned procedure:	☐	☐	☐

Allergies or Alerts	Yes	No
Details.....	☐	☐

Fasting Status
Last food: Date: ..... Time:.....
Last fluid: Date: ..... Time:.....

Surgical Site Marked?	Yes ☐	No ☐
Pressure Injury management:	Yes	No
• Pre-existing Pressure Injury	☐	☐
• Surgery Length >2 hours	☐	☐
Thromboprophylaxis management: *(refer to VTE – Risk Assessment Tool 14V)*	Yes ☐	N/A ☐
Images checked and displayed:	Yes ☐	N/A ☐
Prostheses &/or special equipment confirmed:	Yes ☐	N/A ☐
Any anticipated critical anaesthetic events?	Yes ☐	No ☐
Any anticipated critical surgical events?	Yes ☐	No ☐
Antibiotic prophylaxis in last 60 mins?	Yes ☐	N/A ☐
All team introductions made?	Yes ☐	
Is the patient privately insured?	Yes ☐	No ☐
If Yes, is the consultant surgeon present?	Yes ☐	No ☐

TEAM TIME OUT ORS RN

Name:.....

Signature: .....

POST – OP CLINICAL HANDOVER

ORS Hand over to PACU

Patient Identification and Procedure Matching	Yes	No
Verbal Name Check & DOB:	☐	☐
THCI Number & Pt Core ID:	☐	☐
Does Core ID match Pt Documentation:	☐	☐

Allergies or Alerts	Yes	No
Details.....	☐	☐
Operation/procedure (anaesthetic type):	☐	☐
Recent history:	☐	☐
Reference to drains, dressings, surgical infusions (but not limited to):	☐	☐
Presence of surgical aids (ie TEDs, SCD's, Cryocuff):	☐	☐
Skin integrity/pressure area:	☐	☐
Other specify:	☐	☐

N.B. If ticked V (Variance), this indicates patient was anaesthetised at Team Time Out. If other, please specify:.....

.....

.....

Post – Op Clinical hand over

	ORS nurse	PACU nurse
NAME:	.....	.....
SIGNATURE:	.....	.....

Tasmanian Government

SURGICAL SAFETY CHECKLIST

Theatre No.:.....

Date:.....

M.R.N.

SURNAME..... D.O.B.....

OTHER NAMES ..... SEX

LABEL

PRE – OPERATIVE WARD NURSE CHECK

Patient Identification and Procedure Matching

	Yes	No
Verbal Name Check & DOB with patient:	☐	☐
THCI Number & Pt Core ID:	☐	☐
Does Core ID match Pt Documentation:	☐	☐
Consent Form signed by patient:	☐	☐
Consent Form signed by doctor:	☐	☐
Why not?		
Procedure confirmed with patient:	☐	☐
Patient confirms in their own words the planned procedure:	☐	☐

Allergies or Alerts	Yes	No
Details.....	☐	☐

Fasting Status: Last food: Date: ..... Time:.....

Last fluid: Date: ..... Time:.....

	Yes	No
Surgical Site Marked?	☐	☐
Grp & Hold Cross Match Required:	☐	☐
Private Medical Images:	☐	☐

Pertinent clinical information relevant to patient outcome:

.....

	Yes	No
MRO Status/Infection	☐	☐

Chemotherapy in the last 7 days
(if yes, precautions required with bodily fluids)
Yes ☐ No ☐

Admission category:

Public ☐ MAIB ☐ DVA ☐ Private Health Fund ☐

Workers Compensation ☐ Self funded private pt. ☐

O/S Student ☐ O/S Visitor ☐ Other .....

NB: For a patient to be treated as private:
– the patient must elect to be admitted as a private patient and
– the consultant must accept their care as a private patient.

PRE – OPERATIVE WARD NURSE CHECK

Teeth:
Natural, dentures, plates, loose, caps, crowns?

Details: .....

.....

.....

Aids/other prostheses sent with patient to ORS?
No ☐ Yes ☐

(Glasses, contact lenses, hearing aids, wig, etc)

Details: .....

.....

Jewellery/makeup/nail polish absent?
No ☐ Yes ☐

Details: .....

Bladder emptied: ..... No ☐ Yes ☐

Pacemaker / ICD: No ☐ Yes ☐

Bowel prep: N/A ☐ Yes ☐

Skin intact / Pressure Injury: No ☐ Yes ☐

Comments: .....

Skin conditions: ..... No ☐ Yes ☐

Documents with patient leaving ward

Current notes		☐
Old notes	No ☐	Yes ☐
Labels		Yes ☐
IV orders	No ☐	Yes ☐
Medication chart	No ☐	Yes ☐
Medical certificate required?	No ☐	Yes ☐

Pre – Op Clinical hand over

	Ward nurse	ORS Nurse
NAME:	.....	.....
SIGNATURE:	.....	.....

SURGICAL SAFETY CHECKLIST

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Tasmanian Government

SURGICAL SAFETY CHECKLIST

Date:.....

Ward:.....

M.R.N.

SURNAME..... D.O.B.....

OTHER NAMES ..... SEX

LABEL

POST ANAESTHETIC PARU UNIT CHECKLIST

Patient Identification and Procedure Matching

	Yes
Verbal Name Check & DOB with patient:	☐
THCI Number & Pt Core ID:	☐
Does Core ID match Pt Documentation:	☐

Allergies or Alerts	Yes	No
Details:	☐	☐

Teeth: Natural

Dentures: Insitu ☐ Not Insitu ☐

Aids/other prostheses sent with patient to ORS?
(Glasses, contact lenses, hearing aids, wig, etc) Yes ☐ No ☐

Details: .....

Jewellery? Yes ☐ No ☐

Details:.....

Dangers / CEWT / WACS ESC Charts completed:
Yes ☐

Documents with patient leaving PARU:

Operation report:	Yes ☐	No ☐	
Post Op Orders:	Yes ☐	No ☐	
Discharge Script:	Yes ☐	No ☐	..N/A ☐
Medical certificate required?	Yes ☐	No ☐	..N/A ☐
Current notes:	Yes ☐	No ☐	
Old notes:	Yes ☐	No ☐	
IV orders:	Yes ☐	No ☐	
Medication chart:	Yes ☐	No ☐	

Labels: Yes ☐

POST ANAESTHETIC PARU UNIT CHECKLIST

PARU Risk Management:
Is this relevant to Patient's Care?

- Pressure Injury Plan post 30 min stay in PARU
  (refer to PIPP – 16U) Yes ☐ No ☐
- Venous Thromboembolism Risk Assessment Tool – 14V
  Appropriate therapy charted Yes ☐ No ☐
- Relevant medications given in OT documented on Medication chart
  Yes ☐ No ☐

Chemotherapy in the last 7 days
(if yes, precautions required with bodily fluids)
Yes ☐ No ☐

Pertinent Information:

Post Op Clinical hand over (PARU)

	PACU nurse	Ward Nurse
NAME:	.....	.....
SIGNATURE:	.....	.....