


<h1>PHC Surgical Safety Checklist</h1> <h2>MSJ OR Retinal Ophthalmology</h2> 		
<h3>Briefing</h3> <p>On arrival in OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff introduced (<i>1st case of the day</i>) <input type="checkbox"/> Surgical slate review (<i>for the day</i>) <input type="checkbox"/> Preoperative patient checklist completed <input type="checkbox"/> Implants, tissue, prosthesis available <input type="checkbox"/> Instruments and equipment available <input type="checkbox"/> Eye equipment safety check completed <input type="checkbox"/> Anesthesia <ul style="list-style-type: none"> - Machine safety checks - Difficult airway <input type="checkbox"/> Patient-specific concerns communicated <ul style="list-style-type: none"> - Isolation precautions - Positioning needs - Eye block - Sedations <input type="checkbox"/> Medications needed intraoperatively <ul style="list-style-type: none"> - Antibiotics <input type="checkbox"/> Other issues or concerns 	<h3>Time Out</h3> <p>Before Incision</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient information confirmed <ul style="list-style-type: none"> - Identification - Allergies - Site/side marking - Surgical consent, procedure <input type="checkbox"/> Implants, tissue, prosthesis available <input type="checkbox"/> Patient-specific concerns identified 	<h3>Debriefing</h3> <p>Before Patient Leaves OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Surgical procedure verified <input type="checkbox"/> Surgical count correct <input type="checkbox"/> Specimen verified <input type="checkbox"/> Wound classification verified <input type="checkbox"/> Equipment problems identified

555-452 Surgical Safety Checklists; Providence Health Care
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