 **NIZAMIYE HOSPITAL**

**CHECK LIST FOR THE SAFETY OF SURGERY**

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| **Document Code: NizamiyeH-FRM-025 Revision No: 00** | |
| **Name, surname: operation Area:** | **Page 1** |

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| 1. Patient`s;  Identification  operation  operation area  verified  2.was the patient`s consent form checked?  Yes  3. Is the patient fasting?  Yes No  4. Was the surgical site shaved?  yes No  5. Has the patient makeup / nail polish, dentures?  Yes No  6. Was the patient`s dress completely removed, and is the patient dressed in surgical gowns and caps?  Yes No  7. Is there a special procedure required before surgery?  Enema Bladder catheterization  Compression stocking  Special treatment protocol  Other No  8. Were special materials which will be needed for surgery (implants, blood or blood products), and confirmed in the preparation?  Yes No  9. Are the existing laboratory and radiological examinations of the patient ready?  Yes |  | 10. From patient  identification  operation  operation area  patient`s consest form  verified  11. Has the surgical site been marked?  yes not aplicable  12. Does Anesthesia Safety Checklist was completed?  Yes  13. Is pulse oximetry on the patient and working?  Yes  Risk assesment of the patient  14. Does the patient a known allergy?  No Yes..............  15.Is the any imagining equipment?  No Yes  16. Is there a risk of 500 ml or more of blood loss in this patient?  No  Yes; IV line application and liquid have been planned |  | 17.Have the persons in team introduced their name, surname with tasks to the patient?  Yes  18. Has a person from team declare and confirmed the patient's identity, the surgery, the operation area?  Yes  19. Were the critical events revised?  Possible duration of the surgery  Possible blood loss  Possible unwanted events  Possible risks of anesthesia  The position of the patient  20. Have prophylactic antibiotics been applied?  It was performed in the 60 minutes before the surgery started  No need  21.Have the materials used been ready?  Yes No  22.Are the sterilization of the materials suitable?  Yes No  23. Is it necessary to control blood sugar?  Yes No  24. Is the use of anticoagulants?  Yes No  25. Is it deep vein thrombosis prophylaxis necessary?  Yes No |  | 26. Have Appliances, gauze / compress, and needle count been conducted?  Yes/Complated No  28. On the labels of samples taken from the patient:  The patient's name written correctly  The area getting the samples written  29. Is it critical requirements were revised after the surgery?  Advice from anesthesia:  Advice From Surgeon:  30. Is that part of the patient was confirmed to go after the surgery?  Yes |

**Name-Surname:** **Name-Surname: Name-Surname: Name-Surname: Sign**   **Sign**   **Sign Sign**