

SURGICAL SAFETY CHECKLIST

BEFORE INDUCTION OF ANESTHESIA
(Circulator or Anesthesia Provider Led)



BEFORE SKIN INCISION (TIME OUT)
(Surgeon Led)



BEFORE PATIENT LEAVES ROOM
(Circulator Led)

<p>Circulator to the team: I have confirmed the following with the patient (State patient's name, procedure, site, etc.):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient name <input type="checkbox"/> Surgical site <input type="checkbox"/> Surgical procedure to be performed <input type="checkbox"/> Consent <input type="checkbox"/> The site has been marked
<p>Anesthesia provider with the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The anesthesia safety check has been completed <input type="checkbox"/> Review of patient allergies <input type="checkbox"/> Anticipated airway or aspiration difficulty <ul style="list-style-type: none"> <input type="checkbox"/> Required equipment/assistance available <input type="checkbox"/> Active warming in place
<p>Circulator to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has sterility been confirmed (including indicator results)? <input type="checkbox"/> Is there a need for blood products? [anticipated loss >500ml or 7ml/kg in children] <input type="checkbox"/> Are external compression devices in place if needed? <input type="checkbox"/> If patient has been on a beta-blocker, is dosing needed now or during surgery?
<p>BEFORE INDUCTION check complete</p>

<p>Circulator: Attention! We need to do a TIME OUT.</p>
<p>Surgeon to the team: We'll start by introducing ourselves and our roles.</p> <ul style="list-style-type: none"> <input type="checkbox"/> This is [patient's name] <input type="checkbox"/> We are doing [procedure/site/laterality] as stated on the consent. <input type="checkbox"/> I have confirmed that the patient is in the correct position for this procedure. <input type="checkbox"/> I have confirmed that the site marking is visible. <input type="checkbox"/> Review of patient allergies if indicated
<p>Circulator to the surgeon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? <input type="checkbox"/> Are there any critical steps? <input type="checkbox"/> Is essential imaging available and accessible?
<p>Circulator to the anesthesia provider:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have antibiotics been started within the required time and documented?
<p>Circulator to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Baseline counts have been completed <input type="checkbox"/> Implants, medications, and solutions are available <input type="checkbox"/> Are there equipment issues or other concerns?
<p>Surgeon to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have all concerns been addressed? <input type="checkbox"/> I request that anyone who has a concern at any time speak up. <input type="checkbox"/> Does everyone agree we are ready to go?
<p>BEFORE SKIN INCISION check complete</p>

<p>Circulator to the team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> How shall I record the procedure name? <input type="checkbox"/> What is the wound classification for this case? <input type="checkbox"/> I have _____ (#) specimens and have labeled them as _____. <input type="checkbox"/> Are there special instructions for the pathologist? <input type="checkbox"/> I have verified that the counts are correct. <input type="checkbox"/> Are there any equipment issues to be addressed? <input type="checkbox"/> What are the key concerns for recovery and management of this patient? <p>Optional: Is there anything we could have done better?</p>
<p>BEFORE LEAVING ROOM check complete</p>

Hospital logo here

Based on the WHO Surgical Safety Checklist developed by:

