

SURGICAL SAFETY CHECKLIST

BEFORE INDUCTION OF ANESTHESIA
(Nurse or anesthetist reads out loud)



BEFORE SKIN INCISION
(Nurse or anesthetist reads out loud)



BEFORE PATIENT LEAVES ROOM
(Nurse reads out loud)

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| Has the patient confirmed his/her identity, site, procedure, and consent? <input type="checkbox"/> Yes |
| Is the site marked? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| Is the anesthesia machine and medication check complete? <input type="checkbox"/> Yes |
| Does the patient have a: Need for beta blocker (SCIP) <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Difficult airway/aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes and equipment/assistance available |
| Risk of >500ml blood loss (7ml/kg in children)? <input type="checkbox"/> No <input type="checkbox"/> Yes and two IVs/central access and fluids planned |
| Risk of hypothermia (operation >1h)? <input type="checkbox"/> No <input type="checkbox"/> Yes and warmer in place |
| BEFORE INDUCTION check complete |

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| <input type="checkbox"/> Everyone please state name and role. <input type="checkbox"/> Invitation to speak up with concerns at any time |
| To surgeon, anesthetist and nurse: <input type="checkbox"/> What is this patient's name? <input type="checkbox"/> What procedure is planned? <input type="checkbox"/> Where will the incision be made? |
| Has antibiotic prophylaxis been given within the last 60 minutes? (SCIP) <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| Is venous thromboembolism prophylaxis needed? (SCIP) <input type="checkbox"/> Yes, and boots/anticoagulants in place <input type="checkbox"/> Not applicable |
| Anticipated Critical Events |
| To surgeon: <input type="checkbox"/> What are the critical or unexpected steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? <input type="checkbox"/> What implants/equipment are needed? |
| To anesthetist: <input type="checkbox"/> Are there any patient-specific concerns? |
| To nursing team: <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns? |
| Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| BEFORE SKIN INCISION check complete |

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| Nurse verbally requests from the team: How shall I record the name of the procedure? Are the instrument, sponge and needle counts complete? How shall I label the specimens (including patient name)? Are any equipment problems to be addressed? |
| To surgeon, anesthetist and nurse: <input type="checkbox"/> What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Discontinue prophylactic antibiotics (SCIP) <input type="checkbox"/> Post operative 6 am glucose control (SCIP) <input type="checkbox"/> VTE prophylaxis (SCIP) |
| BEFORE LEAVING ROOM check complete |

Based on the WHO Surgical Safety Checklist developed by:

