

SURGICAL SAFETY CHECKLIST (ADAPTED FOR USE IN THE US)

BEFORE INDUCTION OF ANESTHESIA

BEFORE SKIN INCISION

BEFORE PATIENT LEAVES ROOM

(Nurse or anesthetist reads out loud)

(Nurse or anesthetist reads out loud)

(Nurse reads out loud)

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
Is the pulse oximeter on the patient and functioning? <input type="checkbox"/> Yes
Does the patient have a: 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

BEFORE INDUCTION check complete

Everyone please state name and role. <input type="checkbox"/> Yes
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? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Is venous thromboembolism prophylaxis needed? <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

BEFORE SKIN INCISION check complete

Nurse verbally requests from the team: <input type="checkbox"/> How shall I record the name of the procedure? <input type="checkbox"/> Are the instrument, sponge and needle counts complete? <input type="checkbox"/> How shall I label the specimens (including patient name)? <input type="checkbox"/> 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?

BEFORE LEAVING ROOM check complete

Based on the WHO Surgical Safety Checklist developed by:



World Health Organization