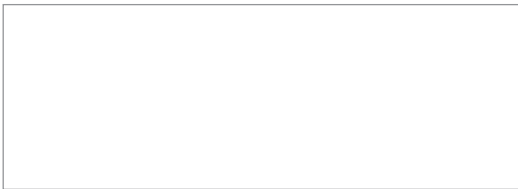




Surgical Safety Checklist

STOP, LOOK, and LISTEN

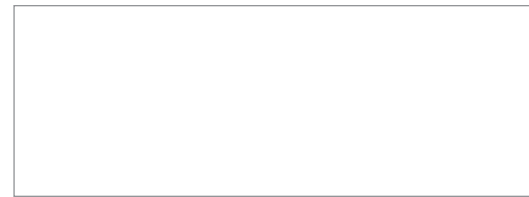


Pre-Procedure Verification (Prior to entering the room)	Time Out (After prepping and draping and prior to incision)	Debrief and Sign-Out (Prior to leaving procedure room)
<p>Nursing Team:</p> <p>Confirm patient name and date of birth, procedure, site, and consent? <input type="checkbox"/> Yes</p> <p>Documentation Review:</p> <p>Surgical H&P within 30 days of procedure and attested to by surgeon within 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Preoperative medical evaluations and consents completed? (POMA) <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Procedure and laterality match final OR schedule and consent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Anesthesiology Team:</p> <p>Pre-anesthetic assessment, medical & airway/aspiration risk evaluated? <input type="checkbox"/> Yes</p> <p>Type and screen/blood products ordered? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Surgeon:</p> <p>All necessary imaging/imaging reports and pathology reports are labeled with patient name, date of birth, and available? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Laterality verified using images? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Attending surgeon marks surgical site with initials to be visible after draping? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Special equipment or implants needed and available? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Discuss Plans with Team Members</p> <p>N/A = not applicable</p>	<p>Introductions:</p> <p>✓ Each Team Member announces his/her name and role.</p> <p>✓ Is this overlapping surgery? (If so, identify any co- or backup surgeons)</p> <p>✓ Patient's name and date of birth confirmed?</p> <p>✓ Site and Laterality verified by review of imaging?</p> <p>✓ Procedure and laterality verified on consent form?</p> <p>✓ Proper positioning/padding reviewed and marked surgical site visible?</p> <p>✓ Sufficient time elapsed for skin prep to dry and fire safety check?</p> <p>✓ HIGH RISK FIRE CASES: Discussed preparatory plan and delineated roles in case of fire?</p> <p>✓ Equipment/implants available?</p> <p>✓ Diagnosis, allergies, and patient condition verified (ASA score)?</p> <p>✓ DVT prophylaxis initiated and antibiotics given (if applicable)?</p> <p>✓ Complexity of procedure and any critical steps including second timeout and specimen handling reviewed?</p> <p>✓ Disposition planning made (e.g. ICU bed)?</p> <p>✓ Any other concerns (e.g. special precautions)?</p> <p><input type="checkbox"/> Check here when time out complete</p>	<p>Attending Surgeon (reviews with team):</p> <p>✓ Name of procedure?</p> <p>✓ Pre and postoperative diagnosis?</p> <p>✓ Specimens handled correctly (2 patient identifiers, preservation, containers)?</p> <p>Anesthesiologist (reviews with team):</p> <p>✓ EBL, fluid intake, and output reviewed?</p> <p>✓ Postoperative medical concerns addressed (Antibiotics, DVT prevention, Foley plan)?</p> <p>✓ Disposition addressed (e.g. home, ICU, PACU bypass)</p> <p>Surgeon/Surgeon representative:</p> <p>✓ Are the instrument, sponge, and needle counts correct? (Must notify attending surgeon of miscounts)</p> <p>Items for Discussion: All team members (including scrub and circulator):</p> <p>✓ Any unexpected events/equipment malfunction?</p> <p>✓ What could we have done better?</p> <p><input type="checkbox"/> Check here when debrief complete</p> <p>ARE YOUR COUNTS CORRECT? SPECIMENS CHECKED?</p>



Surgical Safety Checklist

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Nerve Block #1 Pre-Procedure Verification	Nerve Block Time Out (Requires presence of Healthcare Provider not participating in regional block procedure)
<p>Completed pre-procedure checklist verified by Anesthesia Attending? <input type="checkbox"/> Yes</p> <p>Site marked with surgeon initials verified by Anesthesia Attending? <input type="checkbox"/> Yes</p> <p>Anesthesia Attending places initials on the block site? <input type="checkbox"/> Yes</p> <p>Indicate Block Type _____</p> <p>Attending Anesthesiologist</p> <p>_____ (Signature) Date ____/____/____</p> <p>_____ (Print) Time ____:____ am pm</p>	<p>Anesthesia Attending supervising/performing block initiates time out? <input type="checkbox"/> Yes</p> <p>Patient identified by Name & DOB by Anesthesia Attending & Healthcare Provider? <input type="checkbox"/> Yes</p> <p>Regional block procedure verified against surgical consent by Anesthesia Attending & Healthcare Provider? <input type="checkbox"/> Yes</p> <p>Regional Block site and initials visible to all & verified by Healthcare Provider? <input type="checkbox"/> Yes</p> <p>Healthcare Provider (stays until ultrasound exam started or needle enters skin)</p> <p>_____ (Signature) Date ____/____/____</p> <p>_____ (Print) Time ____:____ am pm</p>
Additional Time Out	
<p>Neuraxial Block (patient name/DOB, site, procedure verified) or Nerve Block #2 (see above):</p> <p>Indicate Block Type _____</p> <p>_____ (Attending Anesth Sign) Date ____/____/____</p> <p>_____ (Print) Time ____:____ am pm</p> <p>_____ (Healthcare Provider Sign) Date ____/____/____</p> <p>_____ (Print) Time ____:____ am pm</p>	<p>Spine surgery, bilateral organ robotic/laparoscopic surgery</p> <p>_____ (RN Signature) Date ____/____/____</p> <p>_____ (Print) Time ____:____ am pm</p> <hr/> <p>New procedure/new surgeon entering</p> <p>_____ (RN Signature) Date ____/____/____</p> <p>_____ (Print) Time ____:____ am pm</p>
Sign-Offs	
<p>Surgeon (Prior to OR entry)</p> <p>_____ (Signature) Date ____/____/____</p> <p>_____ (Print) Time ____:____ am pm</p>	<p>Circulating Nurse (After completion of Time Out)</p> <p>_____ (Signature) Date ____/____/____</p> <p>_____ (Print) Time ____:____ am pm</p>