

# COMPREHENSIVE SURGICAL CHECKLIST

Blue = World Health Organization (WHO)

Green = The Joint Commission - Universal Protocol 2016 National Patient Safety Goals

Teal = Joint Commission and WHO

PREPROCEDURE CHECK-IN	SIGN-IN	TIME-OUT	SIGN-OUT
<b>In Preoperative Ready Area</b>	<b>Before Induction of Anesthesia</b>	<b>Before Skin Incision</b>	<b>Before the Patient Leaves the Operating Room</b>
<b>Patient or patient representative actively confirms with registered nurse (RN):</b>	<b>RN and anesthesia professional confirm:</b>	<b>Initiated by designated team member:</b> All other activities to be suspended (except in case of life-threatening emergency)	<b>RN confirms:</b>
Identity <input type="checkbox"/> Yes Procedure and procedure site <input type="checkbox"/> Yes Consent(s) <input type="checkbox"/> Yes Site marked <input type="checkbox"/> Yes <input type="checkbox"/> N/A by the person performing the procedure <b>RN confirms presence of:</b> History and physical <input type="checkbox"/> Yes Preanesthesia assessment <input type="checkbox"/> Yes Nursing assessment <input type="checkbox"/> Yes Diagnostic and radiologic test results <input type="checkbox"/> Yes <input type="checkbox"/> N/A Blood products <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any special equipment, devices, implants <input type="checkbox"/> Yes <input type="checkbox"/> N/A <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">                         Include in Preprocedure check-in as per institutional custom:                          Beta blocker medication given  <input type="checkbox"/> Yes <input type="checkbox"/> N/A                          Venous thromboembolism prophylaxis ordered  <input type="checkbox"/> Yes <input type="checkbox"/> N/A                          Normothermia measures  <input type="checkbox"/> Yes <input type="checkbox"/> N/A                     </div>	Confirmation of the following: identity, procedure, procedure site, and consent(s) <input type="checkbox"/> Yes Site marked <input type="checkbox"/> Yes <input type="checkbox"/> N/A by person performing the procedure Patient allergies <input type="checkbox"/> Yes <input type="checkbox"/> N/A Pulse oximeter on patient <input type="checkbox"/> Yes Difficult airway or aspiration risk <input type="checkbox"/> No <input type="checkbox"/> Yes (preparation confirmed) Risk of blood loss (> 500 mL) <input type="checkbox"/> Yes <input type="checkbox"/> N/A # of units available _____ Anesthesia safety check completed <input type="checkbox"/> Yes <b>Briefing:</b> All members of the team have discussed care plan and addressed concerns <input type="checkbox"/> Yes	Introduction of team members <input type="checkbox"/> Yes <b>All:</b> Confirmation of the following: identity, procedure, incision site, consent(s) <input type="checkbox"/> Yes Site is marked and visible <input type="checkbox"/> Yes <input type="checkbox"/> N/A Fire Risk Assessment and Discussion <input type="checkbox"/> Yes (prevention methods implemented) <input type="checkbox"/> N/A Relevant images properly labeled and displayed <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any equipment concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>Anticipated Critical Events</b> <b>Surgeon:</b> States the following: <input type="checkbox"/> Critical or nonroutine steps <input type="checkbox"/> Case duration <input type="checkbox"/> Anticipated blood loss <b>Anesthesia professional:</b> Antibiotic prophylaxis within 1 hour before incision <input type="checkbox"/> Yes <input type="checkbox"/> N/A Additional concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>Scrub person and RN circulator:</b> Sterilization indicators confirmed <input type="checkbox"/> Yes Additional concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A <b>RN:</b> Documented completion of time out <input type="checkbox"/> Yes	Name of operative procedure: _____ Completion of sponge, sharp, and instrument counts <input type="checkbox"/> Yes <input type="checkbox"/> N/A Specimens identified and labeled <input type="checkbox"/> Yes <input type="checkbox"/> N/A Equipment problems to be addressed <input type="checkbox"/> Yes <input type="checkbox"/> N/A Discussion of Wound Classification <input type="checkbox"/> Yes <b>To all team members:</b> What are the key concerns for recovery and management of this patient? _____ _____ _____ <b>Debriefing with all team members:</b> Opportunity for discussion of <ul style="list-style-type: none"> <li>- team performance</li> <li>- key events</li> <li>- any permanent changes in the preference card</li> </ul>

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