

Surgical Safety Checklist



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

Is the site marked?

Yes

Not applicable

Is the anaesthesia machine and medication check complete?

Yes

Is the pulse oximeter on the patient and functioning?

Yes

Does the patient have a:

Known allergy?

No

Yes

Difficult airway or aspiration risk?

No

Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

No

Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes

Not applicable

Anticipated Critical Events

To Surgeon:

What are the critical or non-routine steps?

How long will the case take?

What is the anticipated blood loss?

To Anaesthetist:

Are there any patient-specific concerns?

To Nursing Team:

Has sterility (including indicator results) been confirmed?

Are there equipment issues or any concerns?

Is essential imaging displayed?

Yes

Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

The name of the procedure

Completion of instrument, sponge and needle counts

Specimen labelling (read specimen labels aloud, including patient name)

Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2009

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A: World Health Organization Surgical Safety Checklist

FIGURE 1.

Surgical Safety Checklist – Canadian Version for reference only



SURGICAL SAFETY CHECKLIST

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Your Organizational Logo

BRIEFING – Before induction of anesthesia

Hand-off from ER, Nursing Unit or ICU

- Anesthesia equipment safety check completed
- Patient information confirmed
 - Identity (2 identifiers)
 - Consent(s)
 - Site and procedure
 - Site, side and level marked
 - Clinical documentation
 - History, physical, labs, biopsy and x-rays
- Review final test results
- Confirm essential imaging displayed
- ASA Class
- Allergies
- Medications
 - Antibiotic prophylaxis: double dose?
 - Glycemic control
 - Beta blockers
 - Anticoagulant therapy (e.g., Warfarin)?
- VTE Prophylaxis
 - Anticoagulant
 - Mechanical
- Difficult Airway / Aspiration Risk
 - Confirm equipment and assistance available
- Monitoring
 - Pulse oximetry, ECG, BP, arterial line, CVP, temperature and urine catheter
- Blood loss
 - Anticipated to be more than 500 ml (adult) or more than 7 ml/kg (child)
 - Blood products required and available
 - Patient grouped, screened and cross matched

BRIEFING (continued)

- Surgeon(s) review(s)
 - Specific patient concerns, critical steps, and special instruments or implants
- Anesthesiologist(s) review(s)
 - Specific patient concerns and critical resuscitation plans
- Nurses(s) review(s)
 - Specific patient concerns, sterility indicator results and equipment / implant issues
- Patient positioning and support / Warming devices
- Special precautions
- Expected procedure time / Postoperative destination

TIME OUT – Before skin incision

- All team members introduce themselves by name and role
- Surgeon, Anesthesiologist, and Nurse verbally confirm
 - Patient
 - Site, side and level
 - Procedure
 - Antibiotic prophylaxis: repeat dose?
 - Final optimal positioning of patient
- "Does anyone have any other questions or concerns before proceeding?"

DEBRIEFING – Before patient leaves OR

- Surgeon reviews with entire team
 - Procedure
 - Important intra-operative events
 - Fluid balance / management
- Anesthesiologist reviews with entire team
 - Important intra-operative events
 - Recovery plans (including postoperative ventilation, pain management, glucose and temperature)
- Nurse(s) review(s) with entire team
 - Instrument / sponge / needle counts
 - Specimen labeling and management
 - Important intraoperative events (including equipment malfunction)
- Changes to post-operative destination?
- What are the KEY concerns for this patient's recovery and management?
- Could anything have been done to make this case safer or more efficient?

Hand-off to PACU / RR, Nursing Unit or ICU

PATIENT INFORMATION

Adapted from the WHO Surgical Safety Checklist, © World Health Organization, 2008

Surgical Safety Checklist: Canada
Version 1, January 9, 2009

B: Surgical Safety Checklist used in Canada

COLORADO SURGICAL SITE CHECKLIST

Prior to Anesthesia: SIGN IN
Patient has confirmed: <input type="checkbox"/> Identity (name and DOB) <input type="checkbox"/> Site <input type="checkbox"/> Procedure
<input type="checkbox"/> Consent form is signed by patient
<input type="checkbox"/> Site marked <input type="checkbox"/> NA
<input type="checkbox"/> H&P is complete and updated
<input type="checkbox"/> Patient allergies have been reviewed
<input type="checkbox"/> Diagnostic and radiology test results received
<input type="checkbox"/> Verify essential imaging is displayed and labeled correctly <input type="checkbox"/> NA
<input type="checkbox"/> Verify antibiotic prophylaxis within 60 minutes of incision (120 minutes for vancomycin/ flouroquinolones) <input type="checkbox"/> NA
Does patient require a beta blocker <input type="checkbox"/> Yes and administered <input type="checkbox"/> No
Does patient require VTE prophylaxis <input type="checkbox"/> Yes (boots/anticoagulants ready) <input type="checkbox"/> NA
<input type="checkbox"/> Identify and obtain special necessary medications, equipment, blood or other products <input type="checkbox"/> NA
<input type="checkbox"/> Risk of hypothermia assessed
<input type="checkbox"/> Verify pre-anesthesia assessment is complete
<input type="checkbox"/> Verify pulse ox is on patient and functioning


Prior To Incision: TIME OUT
<input type="checkbox"/> All team members cease activity for TIME OUT
<input type="checkbox"/> Team members introductions if necessary
Procedure team reviews and affirms: <input type="checkbox"/> Correct Patient <input type="checkbox"/> Correct site is marked <input type="checkbox"/> NA <input type="checkbox"/> Correct procedure <input type="checkbox"/> Correct patient position
<input type="checkbox"/> Surgeon reviews anticipated events: <ul style="list-style-type: none"> • Critical or potential unexpected steps • Duration of procedure • Blood loss/blood product availability • Need for special implants/ equipment
<input type="checkbox"/> Anesthetist reviews any patient safety concerns
<input type="checkbox"/> Nursing Team confirms sterility/indicator results
<input type="checkbox"/> Identify special safety precautions based on patient history or medication use

Prior to Leaving OR: SIGN OUT
Nurse verbally confirms: <input type="checkbox"/> Name of procedure was recorded <input type="checkbox"/> The instrument, sponge and needle counts are correct (as applicable) <input type="checkbox"/> Specimen is labeled (name and DOB) <input type="checkbox"/> Address any equipment problems that need to be corrected
<input type="checkbox"/> Proceduralist, anesthetist and nurse review key concerns for patient recovery and management
<input type="checkbox"/> Discontinue prophylactic antibiotics (if applicable)
<input type="checkbox"/> VTE prophylaxis administered <input type="checkbox"/> NA
<input type="checkbox"/> Surgical team debriefing if necessary


This checklist is based on the WHO Surgical Safety Checklist developed by the World Health Organization. This checklist is also inclusive of additional Joint Commission requirements and the Surgical Care Improvement Project measures




RN Signature: _____
Date: _____ Time: _____


	Formular Perioperative Checkliste - TeamTimeOut	Qualitätsmanagement
	Dokumentangaben: Freigabe: 03.06.2014 Version: 018/06.2014 ID-Nr.: 5767	
Gültigkeitsbereich: Universitätsklinikum Frankfurt		
roXtra-Bearbeiter: Strametz, Reinhard	Autor(en): WHO-Checkliste erweitert mit Mitarbeitervorschlägen	Seite 1 / 1

Patientenetikett	geplante Operation: _____ Seite: rechts / links / beidseits / nicht zutreffend / Details: _____ Datum der Operation: _____ infektiös: nein / ja: _____ besondere präop. Vorbereitung: _____
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Vorbereitung durch Pflege		Pflege Station 
	Patientenarmband kontrolliert durch aktives Erfragen der Identität	
	Bettencheck durchgeführt	
	Pflegevorbereitung erfolgt (z.B. Prothesen entfernt, Hautzustand erhoben), Ausnahme(n): _____	

Vorbereitung durch Ärztlichen Dienst		Ärztlicher Dienst 
	Patient aufgeklärt und Einwilligungen von Arzt und Patient unterschrieben	
	präoperative Diagnostik vollständig und sofern nicht in LA Freigabe Anästhesie erfolgt	
Blutgruppenbestimmung nicht erforderlich	Blutgruppenbestimmung erfolgt	


Handzeichen Pflege _____ Handzeichen vorbereitende(r) Arzt/Ärztin _____

Vor Einleitung Anästhesie (wenn nur Lokalanästhesie nur die ersten vier Punkte kontrollieren)		Anästhesisten 
	Identitätscheck über Patientenarmband und Patientenauskunft bzw. andere zweite Quelle	
	Bestätigung Prozedur, Körperseite, Einverständnis, Kontrolle Seitenmarkierung	
	Gerätecheck durchgeführt, Monitoring (inbs. SpO ₂) funktioniert, Patientenfragen erfolgt (z.B. Nüchternheit, Zähne fest etc.)	
	sofern vorhanden Implantate (z.B. Herzschrittmacher) und Fremdmaterial (Zahnprothese) adäquat berücksichtigt	
kein/geringer Blutverlust erwartet	Blutverlust >500ml / >7ml/kg KG erwartet → PBM-Checkliste!	
keine schwierige ITN erwartet / keine RSI geplant	schwierige ITN / RSI ? → Ausrüstung & Expertise vorhanden!	

Handzeichen Anästhesist/-in _____

Vor Hautinzision (gemeinsame Auszeit ALLER Beteiligten, OP-Springer liest vor)		OP-Pflege 
	alle Teammitglieder vorgestellt (inkl. Praktikanten/Studierenden) oder ALLE untereinander bekannt	
	Anästhesist, Chirurg und OP-Pflege bestätigen: Patientenidentität, Prozedur und Körperseite/Details	
	Prüfung kritischer Punkte: kritische/unerwartete OP-Schritte, Zeit, Blutverlust, ggf. bisherige Probleme während Anästhesie	
	OP-Pflege: Ausrüstung komplett am Tisch vorhanden und einsatzbereit	
Antibiotikaprophylaxe gegeben: _____ vor _____ min	nicht erforderlich	
relevantes Bildmaterial vorhanden und geprüft: richtiger Patient, richtige(s) Bild/Seite	nicht erforderlich	

Handzeichen OP-Springer/-in _____

Vor Verlassen des OPs nach Hautnaht (gemeinsame Auszeit ALLER Beteiligten, letzter Operateur im Saal liest vor)		Operateure 
	Bestätigung: richtige Dokumentation der Prozedur und sofern vorhanden richtige Beschriftung aller Präparate	
	Vollständigkeit der Zählkontrolle von Instrumenten, Tüchern/Tupfern und Nadeln	
	postoperatives Management dokumentiert und mit Anästhesie/nachsorgender Einrichtung abgestimmt	

Handzeichen letzte/r Operateur/-in im Saal _____

D: Surgical Safety Checklist used by University Hospital Frankfurt in Germany