

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
In Preoperative Ready Area	Before Induction of Anesthesia	Before Skin Incision	Before the Patient Leaves the Operating Room
Patient or patient representative actively confirms with registered nurse (RN):	RN and anesthesia professional confirm:	Initiated by designated team member: All other activities to be suspended (except in case of life-threatening emergency)	RN confirms:
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 RN confirms presence of: 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 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	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 Briefing: All members of the team have discussed care plan and addressed concerns <input type="checkbox"/> Yes	Introduction of team members <input type="checkbox"/> Yes All: 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 Anticipated Critical Events Surgeon: States the following: <input type="checkbox"/> Critical or nonroutine steps <input type="checkbox"/> Case duration <input type="checkbox"/> Anticipated blood loss Anesthesia professional: 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 Scrub person and RN circulator: Sterilization indicators confirmed <input type="checkbox"/> Yes Additional concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A RN: 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 To all team members: What are the key concerns for recovery and management of this patient? _____ _____ _____ Debriefing with all team members: Opportunity for discussion of – team performance – key events – any permanent changes in the preference card

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