**Surgical Safety Checklist**

**Before anesthesia**

**Before incision**

**Before leaving operating room**

### SIGN IN
- □ PATIENT HAS CONFIRMED
  - • IDENTITY
  - • SITE
  - • PROCEDURE
  - • CONSENT

- □ SITE MARKED

- □ HISTORY & PHYSICAL REVIEWED

- □ PRESURGICAL ASSESSMENT COMPLETE

- □ PREANESTHESIA ASSESSMENT COMPLETE

- □ ANESTHESIA SAFETY CHECK DONE

**Does Patient Have:**
- DIFFICULT AIRWAY/ASPIRATION RISK?
  - □ NOT APPLICABLE
  - □ NO
  - □ YES: EQUIPMENT/ASSISTANCE AVAILABLE

**HISTORY OF FLOMAX/ALPHA 1-A INHIBITOR?**
- □ NO
- □ YES

**HISTORY OF ANTICOAGULANTS?**
- □ NO
- □ YES
  - □ CONTINUED
  - □ STOPPED AS INSTRUCTED

### TIME OUT

**ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE**

**SURGEON, ANESTHESIA PROVIDER, AND NURSE ORALLY CONFIRM**
- □ PATIENT
- □ SITE
- □ PROCEDURE

**SURGEON AND NURSE ORALLY CONFIRM**
- □ ANTIBIOTIC
- □ MITOMYCIN-C/ANTI-NEOPLASTICS
- □ IMPLANT STYLE AND POWER
- □ DEVICES
- □ TISSUE
- □ GAS
- □ DYES

### SIGN OUT

- □ NURSE ORALLY CONFIRMS WITH TEAM
- □ NAME OF PROCEDURE Recorder
- □ INSTRUMENT, SPONGE, SHARP COUNT CORRECT
  - □ YES
  - □ NOT APPLICABLE
- □ SPECIMEN LABELED (including patient name)
  - □ YES
  - □ NOT APPLICABLE
- □ EQUIPMENT ISSUES ADDRESSED

**SURGEON, ANESTHESIA PROVIDER, AND NURSE**
- □ KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF PATIENT REVIEWED

**CONTINUED**

**STOPPED AS INSTRUCTED**