SURGICAL SAFETY CHECKLIST

Before anesthesia ▶▶▶▶▶▶▶ Before incision ▶▶▶▶▶▶▶ Before leaving operating room

SIGN IN	TIME OUT	SIGN OUT
PATIENT HAS CONFIRMED • IDENTITY • SITE • PROCEDURE • CONSENT SITE MARKED	□ ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE □ SURGEON, ANESTHESIA PROVIDER, AND NURSE ORALLY CONFIRM • PATIENT • SITE	NURSE ORALLY CONFIRMS WITH TEAM NAME OF PROCEDURE RECORDED 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
☐ HISTORY & PHYSICAL REVIEWED	 PROCEDURE SURGEON AND NURSE ORALLY CONFIRM ANTIBIOTIC MITOMYCIN-C/ANTI-NEOPLASTICS IMPLANT STYLE AND POWER DEVICES TISSUE GAS DYES ANTICIPATED CRITICAL EVENTS SURGEON REVIEWS CRITICAL OR UNEXPECTED STEPS 	
 □ PRESURGICAL ASSESSMENT COMPLETE □ PREANESTHESIA ASSESSMENT COMPLETE 		
DOES PATIENT HAVE: DIFFICULT AIRWAY/ASPIRATION RISK?		
□ NOT APPLICABLE□ NO□ YES: EQUIPMENT/ASSISTANCE AVAILABLE		
HISTORY OF FLOMAX/ALPHA 1-A INHIBITOR? NO YES	□ REVIEWED□ NONE ANTICIPATED• OPERATIVE DURATION	
HISTORY OF ANTICOAGULANTS? NO YES CONTINUED STOPPED AS INSTRUCTED	 □ ANESTHESIA PROVIDER REVIEWS ANY PATIENT-SPECIFIC CONCERNS □ NURSING TEAM REVIEWS STERILITY (including indicator results) EQUIPMENT ISSUES CONCERNS 	