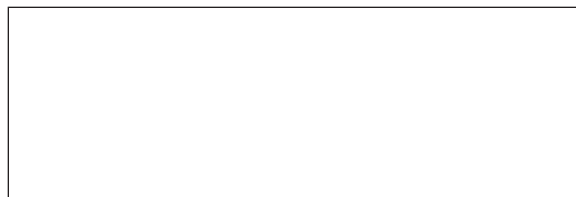




Surgical Safety Checklist

STOP, LOOK, and LISTEN

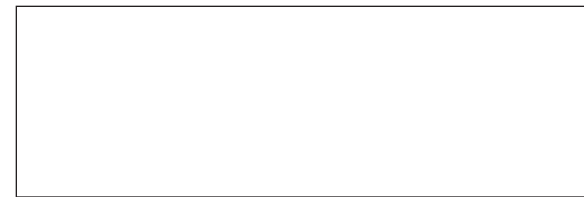


Pre-Procedure Verification Complete prior to entering procedure room	Time Out Complete after prep and drape, immediately prior to incision	Debrief and Sign-Out Complete before attending proceduralist leaves room or before drapes removed
<p>Nursing Team:</p> <p>Confirm patient name and date of birth, procedure, site, and consent? <input type="checkbox"/> Yes</p> <p>Documentation Review:</p> <p>Surgical H&P within 30 days of procedure and attested to by surgeon within 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Preoperative medical evaluations and consents completed? (POMA) <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Procedure and laterality match final OR schedule and consent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Anesthesiology Team:</p> <p>Pre-anesthetic assessment, medical & airway/aspiration risk evaluated? <input type="checkbox"/> Yes</p> <p>Type and screen/blood products ordered? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Surgeon:</p> <p>All necessary imaging/imaging reports and pathology reports are labeled with patient name, date of birth, and available? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Laterality verified using images? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Attending surgeon marks surgical site with initials to be visible after draping? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Special equipment or implants needed and available? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>Discuss Plans with Team Members</p> <p>N/A = not applicable</p>	<ul style="list-style-type: none"> ✓ Each Team Member announces his/her name and role. ✓ Is this overlapping surgery? (If so, identify any co- or backup surgeons) ✓ Patient's name and date of birth confirmed? ✓ Site and Laterality verified by review of imaging? ✓ Procedure and laterality verified on consent form? ✓ Proper positioning/padding reviewed and marked surgical site visible? ✓ Sufficient time elapsed for skin prep to dry and fire safety check? ✓ HIGH RISK FIRE CASES: Discussed preparatory plan and delineated roles in case of fire? ✓ Equipment/implants available? ✓ Diagnosis, allergies, and patient condition verified (ASA score)? ✓ DVT prophylaxis initiated and antibiotics given (if applicable)? ✓ Complexity of procedure and any critical steps reviewed? (e.g blood, second timeout, specimen handling) ✓ Disposition planning made (e.g. ICU bed)? ✓ Any other concerns (e.g. special precautions, needle stick prevention)? <p><i>Incision can be made after timeout is complete!</i></p> <p><input type="checkbox"/> Check here when time out complete</p>	<ul style="list-style-type: none"> ✓ Name of procedure? ✓ Pre- and postoperative diagnosis? ✓ Specimens handled correctly (2 patient identifiers, preservation, containers)? ✓ EBL, fluid intake, and output reviewed? ✓ Postoperative medical concerns addressed (Antibiotics, DVT prevention, Foley plan)? ✓ Disposition addressed (e.g. home, ICU, PACU bypass) ✓ Field reviewed for retention of foreign bodies or plan in place for removal of intentionally left foreign bodies? ✓ Any unexpected events (e.g. needle stick) or equipment malfunction? ✓ What could we have done better? ✓ Are the instrument, sponge, and needle counts correct? (Must notify attending surgeon of miscounts) <p style="text-align: center;"><i>Drapes can be removed after debrief is complete</i></p> <p><input type="checkbox"/> Check here when debrief complete</p>



Surgical Safety Checklist

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<p>Nerve Block #1 Pre-Procedure Verification</p> <p>Completed pre-procedure checklist verified by Anesthesia Attending? <input checked="" type="checkbox"/> Yes Site marked with surgeon initials verified by Anesthesia Attending? <input checked="" type="checkbox"/> Yes Anesthesia Attending places initials on the block site? <input checked="" type="checkbox"/> Yes</p> <p>Indicate Block Type _____</p> <p>Attending Anesthesiologist I attest that the above activities have been completed.</p> <p>_____ (Signature) Date ___/___/___ _____ (Print) Time ____ : ____ am pm</p>	<p>Nerve Block Time Out (Requires presence of Healthcare Provider not participating in regional block procedure)</p> <p>Anesthesia Attending supervising/performing block initiates time out? <input checked="" type="checkbox"/> Yes Patient identified by Name & DOB by Anesthesia Attending & Healthcare Provider? <input checked="" type="checkbox"/> Yes Regional block procedure verified against surgical consent by Anesthesia Attending & Healthcare Provider? <input checked="" type="checkbox"/> Yes Regional Block site and initials visible to all & verified by Healthcare Provider? <input checked="" type="checkbox"/> Yes</p> <p>Healthcare Provider (stays until ultrasound exam started or needle enters skin) I attest that the above activities have been completed.</p> <p>_____ (Signature) Date ___/___/___ _____ (Print) Time ____ : ____ am pm</p>
<p>Additional Time Out</p>	
<p>Neuraxial Block (patient name/DOB, site, procedure verified) or Nerve Block #2 (see above):</p> <p>Indicate Block Type _____</p> <p>_____ (Attending Anesth Sign) Date ___/___/___ _____ (Print) Time ____ : ____ am pm</p> <p>_____ (Healthcare Provider Sign) Date ___/___/___ _____ (Print) Time ____ : ____ am pm</p>	<p>Spine surgery, bilateral organ robotic/laparoscopic surgery</p> <p>_____ (RN Signature) Date ___/___/___ _____ (Print) Time ____ : ____ am pm</p> <p>New procedure/new surgeon entering</p> <p>_____ (RN Signature) Date ___/___/___ _____ (Print) Time ____ : ____ am pm</p>
<p>Sign-Offs</p>	
<p>Surgeon (Prior to OR entry)</p> <p>_____ (Signature) Date ___/___/___ _____ (Print) Time ____ : ____ am pm</p>	<p>Circulating Nurse (After completion of Time Out)</p> <p>_____ (Signature) Date ___/___/___ _____ (Print) Time ____ : ____ am pm</p>