

Before induction of anesthesia	Before start of surgery	Before any team member leaves the OR
<p>◆ <i>Has the patient confirmed his/her identity, site, procedure and consent?</i>  <input type="checkbox"/> Yes</p>	<p>◆ <i>Have all team members introduced themselves by name and role?</i>  <input type="checkbox"/> Yes</p>	<p>◆ <i>Registered Practitioner verbally confirms with the team:</i></p> <p><input type="checkbox"/> Has the name of the procedure been recorded?  <input type="checkbox"/> Has it been confirmed that instruments, swabs and sharp counts are complete (or not applicable)?  <input type="checkbox"/> Have the specimens been labeled (including patient name)?  <input type="checkbox"/> Have any equipment problems been identified that need to be addressed?</p>
<p>◆ <i>Is the surgical site marked?</i>  <input type="checkbox"/> Yes/not applicable</p>	<p>◆ <i>Surgeon, Anesthetist and Registered Practitioner verbally confirm:</i></p> <p><input type="checkbox"/> What is the patient's name?  <input type="checkbox"/> What procedure, site and position are planned?</p>	
<p>◆ <i>Is the anesthesia machine and medication check complete?</i>  <input type="checkbox"/> Yes</p>	<p><b>Anticipated critical events</b></p> <p>◆ <i>Surgeon:</i></p> <p><input type="checkbox"/> How much blood loss is anticipated?  <input type="checkbox"/> Any specific equipment/supply requirements or special investigations?  <input type="checkbox"/> Any critical or unexpected steps you want the team to know about?</p> <p>◆ <i>Anesthetist:</i></p> <p><input type="checkbox"/> Are there any patient specific concerns?  <input type="checkbox"/> What is the patient's ASA grade?  <input type="checkbox"/> What monitoring equipment and other specific support required (blood)..?</p> <p>◆ <i>Nurse/ODP:</i></p> <p><input type="checkbox"/> Has the sterility of the instrumentation been confirmed (indicator..)?  <input type="checkbox"/> Are there equipment issues or concerns?</p>	<p>◆ <i>Surgeon, and Anesthetist:</i></p> <p><input type="checkbox"/> key concerns for recovery and patient management reviewed?</p>
<p><b>Does the patient have a:</b></p> <p>◆ <i>Known allergy?</i>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>◆ <i>Difficult airway/aspiration risk?</i>  <input type="checkbox"/> No  <input type="checkbox"/> Yes, equipment/assistance available</p> <p>◆ <i>Risk of &gt;500ml blood loss?</i>  <input type="checkbox"/> No  <input type="checkbox"/> Yes, adequate IV access/fluids</p>		
<p>◆ <i>Has VTE prophylaxis been initiated?</i>  <input type="checkbox"/> Yes/not applicable - venodynes started</p>		<p>◆ <i>Has the surgical site infection (SSI) bundle been undertaken?</i>  <input type="checkbox"/> Yes/not applicable</p> <ul style="list-style-type: none"> <li>○ Antibiotic prophylaxis (within 60 minutes)</li> <li>○ Patient warming (greater than 35.5°C/95.9°F)</li> <li>○ Hair removal (electric shaver ONLY in pre-op)</li> <li>○ Glycemic control (BS below 180)</li> </ul>
	<p>◆ <i>Has VTE prophylaxis been undertaken?</i>  <input type="checkbox"/> Yes/not applicable – lovenox given</p>	
	<p>◆ <i>Is essential imaging displayed correctly?</i>  <input type="checkbox"/> Yes/not applicable</p>	

## SURGERY SAFETY CHECKLIST