



Bureau of Corrections

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SURGICAL SAFETY CHECKLIST

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SURGICAL SAFETY CHECKLIST

Name: _____

Procedure: _____

Prison Number: _____

**PRIOR TO INDUCTION
OF ANESTHESIA**

**PRIOR TO SKIN
INCISION**

**PRIOR TO PATIENT
LEAVES OPERATING
ROOM**

SIGN IN

- PATIENT HAS CONFIRMED
 - IDENTITY
 - SITE
 - PROCEDURE
 - CONSENT
- SITE MARKED/
APPLICABLE
- ANESTHESIA SAFETY CHECK
COMPLETED
- PULSE OXIMETER ON
PATIENT AND FUNCTIONING
- DOES PATIENT HAVE A:
- KNOWN ALLERGY?
- NO
- YES
- DIFFICULT AIRWAY/
ASPIRATION RISK?
- NO
- YES, AND
EQUIPMENT/ASSISTANCE
AVAILABLE
- RISK OF >500 ML BLOOD
LOSS (7 ML/KG IN
CHILDREN)?
- NO
- YES, AND ADEQUATE
INTRAVENOUS ACCESS AND
FLUIDS PLANNED

TIME OUT

- CONFIRM ALL TEAM
MEMBERS HAVE
INTRODUCED THEMSELVES
BY NAME AND ROLE
- SURGEON, ANESTHESIA
PROFESSIONAL AND NURSE
VERBALLY CONFIRM
 - PATIENT
 - SITE
 - PROCEDURE
- ANTICIPATED CRITICAL
EVENTS
- SURGEON REVIEWS:**
WHAT ARE THE CRITICAL
OR UNEXPECTED STEPS,
OPERATIVE DURATION,
ANTICIPATED BLOOD
LOSS?
- ANESTHESIA TEAM
REVIEWS:** ARE THERE
ANY PATIENT-SPECIFIC
CONCERNS?
- NURSING TEAM REVIEWS:**
HAS STERILITY (INCLUDING
INDICATOR RESULTS) ARE
THERE EQUIPMENT ISSUES
OR ANY CONCERNS?

HAS ANTIBIOTIC
PROPHYLAXIS BEEN GIVEN
WITHIN THE LAST 60
MINUTES?
- YES
- NOT APPLICABLE
IS ESSENTIAL IMAGING
DISPLAYED?
- YES
- NOT APPLICABLE

SIGN OUT

- NURSE VERBALLY
CONFIRMS WITH THE
TEAM
- THE NAME OF THE
PROCEDURE RECORDED
- THAT INSTRUMENT,
SPONGE AND NEEDLE
COUNTS ARE
CORRECT OR NOT
APPLICABLE
- HOW THE SPECIMEN IS
LABELED (INCLUDING
PATIENT NAME)
- WHETHER THERE ARE
ANY EQUIPMENT
PROBLEMS TO
BE ADDRESSED
- SURGEON, ANESTHESIA
PROFESSIONALS AND
NURSE REVIEW THE KEY
CONCERNS FOR
RECOVERY AND
MANAGEMENT OF THIS
PATIENT