**WHO Surgical Safety Checklist**

**OBSTETRIC EMERGENCY**

**SIGN IN / TIME OUT**

**Category 1 Delivery**

**Baby out <30 minutes**

Patient name

DOB /Hosp no

|  |  |  |
| --- | --- | --- |
| **DATE/TIME** |  | Circle, write in or tick |
|  |  |  |
|  | **STOP** | All staff to pay attention |
|  | Staff | All team present, names on boardAnaes,ODP, Obs, Asst, RM, Scrub, Runner. |
|  | Patient | Name / DOB / Hosp no  |
|  |  |  |
|  | **PROCEDURE** | LSCSorTrial of Instrumental deliveryor Conversion from Trial to LSCS |
| **A** | Anaesthetic plan | GA / Spinal / Epidural top up |
|  | Allergies |  |
|  |  |  |
| **B** | Blood | Hb G+S / Crossmatch needed / PPH risk |
|  | Baby  | Neonatal team called / here |
|  |  |  |
| **C** | Consent | Verbal / Written |
|  | Catheter | Indwelling / in-out / removed |
|  | Clip | FSE removed / not applicable |
|  | Count | Instruments ready and sterile |
|  |  |  |
|  | **ALL STAFF** | VOICE ANY SAFETY CONCERNS |
|  |  | Outside team – OUT |
|  |  | Inside team – STAND CLEAR |
| **GO** |  |  |
| **SIGN** | Name | Designation |

Complete SIGN OUT procedure as normal Attach this form to the Theatre Pathway