

## THEATRE PRE-OP CHECKLIST

It is the responsibility of a qualified practitioner to check, complete, and sign this list BEFORE the patient leaves the ward. If any information is missing or can't be answered positively follow the instructions at the bottom of page 2. **PLEASE NOTE CORRECT SITE SURGERY FORM ON BACK.**

Date:	Patients Preferred Name:	Hospital Sticker or Patient Details
Consultant:		

CHECK LIST	WARD CHECK by ward practitioner	THEATRE CHECK by anaesthetic practitioner
ID bands in place x2 and correct	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent Form Labelled, Signed and Understood	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thromboprophylaxis	Risk Status Low <input type="checkbox"/> Med <input type="checkbox"/> High <input type="checkbox"/> (as policy)	TEDS: Dalteparin: Mechanical:
Last Food and Drink	Food: Date:            Time: Water: Date:            Time:	Confirm Food date/time Confirm Water date/time:
Allergies (to include food/latex/medicines etc) Correct arm bands and labels	Yes <input type="checkbox"/> No <input type="checkbox"/>  Type of allergy: Severity:	Yes <input type="checkbox"/> No <input type="checkbox"/>  Confirm type of allergy: Confirm severity:
MRSA status		
Correct Notes with:- Drug Chart, Fluid Chart and labels	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Most recent investigations/results: -Xrays, Scans, Bloods, BM etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any previous Surgery - metalwork/ pacemaker: - .....	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Any property to accompany patient	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any medication to accompany patient	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Glasses or Contact Lens	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Dentures - removed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Loose teeth, caps, crowns	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Jewellery removed or taped	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Name Signature Band	Name Signature Band

Comments:
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Hospital Sticker/Patient Details

### Operating Team marking verification checklist

DATE:	Responsibility	Signature to confirm check completed
<b>Check 1 Preoperative Ward / Area</b> <ul style="list-style-type: none"> <li>Check the patient's identity</li> <li>Check reliable documentation and/or images to ascertain intended surgical site</li> <li>Mark the intended site with an arrow using an indelible pen</li> </ul>	The operating surgeon, or nominated deputy, who will be present in the theatre at the time of the patient's procedure	Signed:  Print name:
<b>Check 2 Preoperative Ward/Area</b> <ul style="list-style-type: none"> <li>Prior to leaving ward/day care area the mark is inspected and confirmed against the patient's supporting documentation</li> </ul>	Ward or day care staff.	Signed:  Print name
<b>Check 3 Anaesthetic Room</b> <ul style="list-style-type: none"> <li>In the anaesthetic room and prior to anaesthesia, the mark is inspected and checked against the patient's supporting documentation</li> <li>Re-check imaging studies accompany patient or are available in operating theatre or suite</li> <li>The availability of the correct implant (if applicable)</li> </ul>	Operating surgeon or a senior member of the team	Signed:  Print name
<b>Check 4 Theatres</b> The surgical, anaesthetic and theatre team involved in the intended operative procedure prior to commencement of surgery should pause for verbal briefing to confirm: <ul style="list-style-type: none"> <li>Presence of the correct patient</li> <li>Marking of the correct site</li> <li>Procedure to be performed</li> </ul>	Theatre staff directly involved in the intended operative procedure.	Signed:  Print name

- A patient must not leave the preoperative ward/area unless all information is present and correct, allowing surgery to proceed.
- If failure of any pre-operative check occurs the surgeon in charge should be contacted prior to transfer to authorise further action. The surgeon will assess the situation and either delay the procedure or note and sign a decision to proceed at risk.
- If the patient is delayed or returned to the ward/day care area due to inadequate preparation, an adverse event report form must be completed.
- A senior member of staff should offer an explanation and apology to the patient.
- If surgery is carried out at the incorrect site, an adverse event report form should be completed and the Risk Management Department notified immediately.