

# WHO Surgical Safety Checklist

L

## SIGN IN

(Before any intervention)	
<b>Anaesthetist / Scrub Nurse/ Anaesthetic Practitioner plus Surgeon if available</b>	
Patient Identity	
Patient confirms name and DOB	Y / N
Confirm patient name, DOB and hospital number on wrist band match those on consent form	<input type="checkbox"/>
Procedure	
Confirm details on consent form	<input type="checkbox"/>
Confirm consent form signed	<input type="checkbox"/>
Patient confirms signature	Y / N
Surgical Site(s) including side and donor site	
Confirm marked and matches details on consent form	<input type="checkbox"/>
Patient confirms mark correct	Y / N

Ask	
Known allergy?	Y / N
Adequately fasted?	Y / N
Prepared for difficult airway/aspiration risk	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Prepared for risk significant blood loss	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Implants that might affect use of diathermy?	<input type="checkbox"/>
Confirm equipment and implants availability/ sterility	
<input type="checkbox"/>	
Name:	
Signature, by or on behalf of anaesthetist:	

Date:	
-------	--

## TIME OUT

(Before start of procedure)
All Team

Repeat if surgeon not present for sign in

Confirm intraoperative	
<ul style="list-style-type: none"> <li>Warming <input type="checkbox"/></li> <li>Glycaemic Control <input type="checkbox"/></li> <li>VTE Prophylaxis <input type="checkbox"/></li> <li>Antibiotics <input type="checkbox"/></li> </ul>	
Surgeon confirms essential imaging displayed <input type="checkbox"/>	
Surgeon confirms surgical site(s) including side and donor site immediately before start of procedure	
<input type="checkbox"/>	
Name:	
Signature, by or on behalf of surgeon:	

PATIENT DETAILS (Label)

## SIGN OUT

(Before patient leaves theatre)	
<b>All Team</b>	
Surgeon confirms procedure performed	<input type="checkbox"/>
Confirm instruments, swabs & sharps count correct. Including completeness and Integrity of ALL Instruments	<input type="checkbox"/>
Confirm any throat packs removed	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
All specimens secured and correctly labelled	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Any equipment problems identified that need to be addressed?	Y / N

Confirm post-operative	
<ul style="list-style-type: none"> <li>VTE Prophylaxis <input type="checkbox"/></li> <li>Antibiotics <input type="checkbox"/></li> </ul>	
Name:	
Signature, by or on behalf of surgeon:	

Recovery handover	
Pressure injury identified?	Y / N
Confirm that the IV cannula flushed with Saline?	Y / N
Other instruction/concerns including positioning	

Name:	
Signature, by or on behalf of surgeon / anaesthetist:	