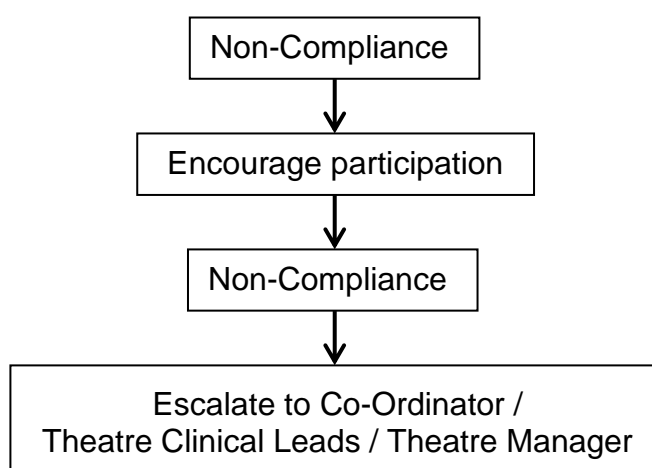


THEATRE LEAD AUDIT INSTRUCTION

Theatre	
Auditor	
Date of Audit	

Each room must:-

- Nominate a Lead (From Theatre Team).
- If Leads change **NEW** Nominee must be appointed on handover and all informed.
- Lead is responsible for completion of audit tool – in full (Follow up checks)
- Lead must ensure that completed audit data sheets are returned to **Co-Ordinator Office – Audit Tray** as soon as all aspects are completed in full.
- Any non-compliance, please follow the process below:



- N/A – completed, to be documented on data as a positive outcome.

Observational Audit of WHO Checklist Report - Sign In

<u>Question</u>	<u>Observation</u>	<u>Outcome/Comments/Actions</u>
Team Brief (TB) completed using team brief template?	Yes / No (If no, why not / action)	
Were ALL Team Members present for TB?	Yes / No (If no, why not / action)	
Did ALL staff fully participate and comply with Sign In?	Yes / No (If no, why not / action)	
Was the Surgeon present for Sign In?	Yes / No / N/A (If no, why not / action)	
Did Patient confirm their name and DOB?	Yes / No (If no, why not / action)	
Was the patient's DOB & Hospital No confirmed and matched between wristband and consent form?	Yes / No (If no, why not / action)	
Were details confirmed on the consent form?	Yes / No (If no, why not / action)	
Consent form signed?	Yes / No (If no, why not / action)	
Patient confirmed signature?	Yes / No (If no, why not / action)	
Was the surgical site confirmed: Marked and matches consent form?	Yes / No / N/A (If no, why not / action)	
Did the patient confirm the mark was correct?	Yes / No / N/A (If no, why not / action)	
Were allergies discussed with the patient?	Yes / No (If no, why not / action)	
Was fasting discussed? Was the time adequate?	Yes / No / (N/A for LA) (If no, why not / action)	
Prepared for difficult airway / aspiration risk?	Yes / N/A (If no, why not / action)	
Prepared for risk of significant blood loss?	Yes / N/A	
Were implants discussed that could affect diathermy?	Yes / No / N/A (If no, why not / action)	
Were equipment, implants availability & sterility confirmed?	Yes / No (If no, why not / action)	
Was this section signed on completion of Sign In?	Yes / No (If no, why not / action)	

Observational Audit of WHO Checklist Report Time Out

<u>Question</u>	<u>Observation</u>	<u>Outcome/Comments/Actions</u>
Was the Surgeon present for Sign In / Time Out?	Yes / No (If no, why not / action)	
If NO, was Part 1 of Sign In repeated?	Yes / No (If no, why not / action)	
Did ALL staff fully participate and comply with Time Out?	Yes / No (If no, why not / action)	
Was intra operative warming discussed?	Yes / N/A	
Was intra operative glycaemic control discussed?	Yes / N/A	
Was intra operative VTE prophylaxis discussed?	Yes / N/A	
Confirmed intraoperative - Antibiotics <60 mins?	Yes / N/A	
Has essential imaging been discussed/displayed?	Yes / N/A	
Did the Surgeon confirm surgical site(s) including donor site(s)?	Yes / N/A	
Has this section been signed at the end of Time Out?	Yes / No (If no, why not / action)	

Observational Audit of WHO Checklist Report - Sign Out

<u>Question</u>	<u>Observation</u>	<u>Outcome</u>
Did the Surgeon confirm procedure performed?	Yes / No (If no, why not / action)	
Did ALL staff fully participate and comply with Sign Out?	Yes / No (If no, why not / action)	
Were the swab, instrument and needle counts correct?	Yes / No (If NO – Please document actions taken below).	
Were escalation processes followed for missing swabs, instruments and needles if required?	Yes / N/A	
Confirmation that throat packs removed?	Yes / N/A	
Were all specimens secured & correctly labelled?	Yes / N/A	
Were any equipment problems that were identified addressed?	Yes / N/A (If Yes – Please document actions taken below).	
Was the following discussed? <ul style="list-style-type: none"> • Post –operative VTE prophylaxis • Antibiotics 	Yes / N/A Yes / N/A	
Were pressure areas checked?	Yes / No (If no, why not / action)	
Were actions taken if a pressure injury was identified?	Yes / No (If Yes – Please document actions taken below)	
Confirmation that IV cannula flushed with saline?	Yes / No / (N/A for LA) (If no, why not / escalation)	
Other instructions / concerns including positioning discussed?	Yes / No / (N/A for LA) (If no, why not / action)	
Has this section been signed on completion of Sign Out?	Yes / No (If no, why not / action)	
<u>MISSING SWAB / INSTRUMENT STATEMENT / ACTION</u> <u>(Follow SOP / Escalation Flow-Chart)</u>		
<u>EQUIPMENT ISSUES</u>		
<u>PRESSURE INJURY ACTION</u>		