**Oral & Maxillofacial Surgery Operation Sheet**

Patient label Consultant \_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure:

Surgeon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surgical Safety Checklist for Minor Ops**

To be completed by the Operating Surgeon

**Sign in** Introduce the team by name and role Yes

 Patient to confirm name, DOB and address Yes

 Check for change in Medical Hx Yes

 If any changes, note below

 Antibiotic cover required? Yes/No Time: \_\_\_\_\_\_\_

 Any relevant blood results? Yes/No INR: \_\_\_\_\_\_\_\_

 Any known allergies? Yes/No If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent confirmed – correct tooth/teeth for extraction Yes N/A

 correct biopsy site Yes N/A

Radiographs available and displayed Yes N/A

Whiteboard completed by operating surgeon/nurse Yes

**Time out Verbal checks with 2nd appropriate person**

LA to be adminstered in correct quadrant/site

Whiteboard agrees with consent

Countdown to tooth for extraction/confirm biopsy site

**Repeat if multiple extractions/biopsies**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If any distractions – start time out again \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sign out** Procedure completed as planned Yes No See notes over

 Specimen labelled correctly Yes N/A

 Sharps removed from tray Yes Initials \_\_\_\_\_\_\_\_\_\_

Operator name: Signature:

2nd appropriate person name: Signature:

Remove and place in debrief folder if issues

**Debrief issues: Yes No** Date:

Details