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| **SIGN IN*****To be completed on arrival of the patient in*** ***theatre*** | **TIME OUT*****To be read out loud before******invasive part of procedure is commenced*** | **SIGN OUT*****To be read out loud before******anyone leaves the procedural area*** |
| ***Note – If category 1 caesarean section please only complete sections highlighted in yellow and sign out***🞎 **Confirm patient identity (name,D.o.B, hosp. no.)** | 🞎 **Confirm team introduction by name and role.** | 🞎 **Instrument, swab, tampon and sharp counts correct.**🞎 **Confirmed by obstetrician** |
| **Confirm intended procedure:**🞎 Category of caesarean (*please circle*) 1 2 3 4🞎 Trial of instrumental delivery🞎 Removal of retained placenta🞎 Perineal tear repair🞎 Other (*please specify)…………….*🞎 **Confirm placental site** | 🞎 **Confirm identity, procedure and consent**🞎 **Any Obstetric concerns?**🞎 **Any Anaesthetic concerns?**🞎 **Antibiotic plan**🞎 **Plan for 3rd stage uterotonics**🞎 **Any equipment concerns?**🞎 **Rhesus cord blood samples needed?**🞎 **Cord gases needed?**🞎 **Plan for skin to skin** | 🞎 **Name of procedure to be recorded**🞎 **Agreed blood loss:…………………………………….ml**🞎 **Any specimens? (check number and type)**🞎 **Were cord gases taken?**🞎 **Has Rhesus blood been taken?**🞎 **Any equipment or consumable issues to be recorded?** |
| 🞎 **Check consent.** | 🞎 **Placenta checked and complete?**🞎 **Is the baby labelled?** |
| 🞎 **Does the patient have a known allergy?**🞎 **Are blood products available?**🞎 **Have antacids been given?**🞎 **Is all necessary equipment available and sterile?** |
| 🞎 **Type of anaesthesia?**🞎 **Anaesthetic concerns?**🞎 **Obstetric concerns?** | 🞎 **Catheter in and draining?**🞎 **FSE removed?**🞎 **Mechanical VTE prophylaxis attached?**🞎 **ALL Staff – any concerns?** | 🞎 **Postop. VTE prophylaxis discussed?**🞎 **Antibiotics given and postop plan discussed?** |
| 🞎 **Confirm paediatrician called if required.** 🞎 **Confirm resuscitaire checked and ready.** | 🞎 **ALL Staff – any concerns?** |
| 🞎 **Confirm if there are any concerns from ALL Staff?** |
| **AFFIX BAR CODED****PATIENT LABEL HERE** | **Signature and printed name** Sign in: Date:Time out: Time:Sign out (operator): Location: | Specialty Documents |