|  |  |  |  |
| --- | --- | --- | --- |
| **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 | |