

WHO Surgical Safety Checklist

SIGN IN

(Before any intervention)

Anaesthetist / Scrub Nurse / Anaesthetic Practitioner plus Surgeon, if available.

Patient identity

Patient confirms name and DOB Y / N

Confirm patient name, DOB and hospital number on wristband and match those on consent form.

Procedure

Confirm consent form signed

Patient confirms signature Y / N

Confirm surgical site(s) including side and donor site

Confirm Prep / stop / Block (IF REQUIRED)

Confirm marked and matches details on consent form

Patient confirm mark correct Y / N

Ask

Known allergy? Y / N

Adequately fasted? Y / N

Prepared for difficult airway / aspiration risk Yes N/A

Prepared for risk significant blood loss? Yes N/A

Two group and save samples (if required) Yes N/A

Implants that might affect use of diathermy?

Confirm equipment and implants availability / sterility

Name

Signature, by or on behalf of anaesthetist:

Date:

TIME OUT

(Before start of procedure)

All Team

Repeat if surgeon not present for sign

Confirm intraoperative

- Warming
- Glycaemic Control
- VTE Prophylaxis
- Antibiotics

Surgeon confirms essential imaging displayed

Surgeon confirms surgical site(s) including side and donor site immediately before start of procedure

Name:

Signature, by or on behalf of surgeon:

PATIENT DETAILS (Label)

SIGN OUT

(Before patient leaves theatre)

All Team

Surgeon confirms procedure performed

Confirm instruments, swabs & Sharps count correct. Including Completeness and integrity of ALL instruments

All specimens secured and correctly labelled Yes N/A

Any equipment problems identified that need to be addressed Y / N

Confirm post-operative

- VTE Prophylaxis
- Antibiotics

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: