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| **WHO Surgical Safety Checklist** **(LocSSIP)** Adapted for Plastics Minor Ops lists   |  |  | | --- | --- | | Date and Time: | Patient Label | | **Sign In** | **Sign Out** | | Complete before induction of anaesthesia | Complete post procedure | | □ Introduce team by Name and role.  □ Confirm Details:  Name and Date of birth  Procedure and site  □ Consented.  Does the patient…..  □….have any significant medical problems? Y N  □….take any anticoagulants? Y N  □….have any allergies? Y N  □….have a cardiac implant/device? Y N  □…. Does the patient have appropriate transport home? Y N | □ Procedure notes written.  □ Theatre ledger complete.    □ Instrument and sharps count complete.  □ Sharps disposed of correctly.  □ Specimens labelled and histology form completed.  □ Follow up care information given.  □ GP letter written.  □ Were there any equipment problems to be addressed? Y N  If yes,………………………………………………………………………………………  □ Outcome form completed. | | Name:  Signature: | Name:  Signature: | | Surgeon: Nurse: HCSW: | | |

