COMPREHENSIVE SURGICAL CHECKLIST

Blue = World Health Organization (WHO) Green = The Joint Commission - Universal Protocol (JC) 2010 National Patient Safety Goals Orange = JC and WHO

PREPROCEDURE	SIGN-IN	TIME-OUT	SIGN-OUT
CHECK-IN			
In Holding Area	Before Induction of Anesthesia	Before Skin Incision	Before the Patient Leaves the Operating Room
Patient/patient representative actively confirms with Registered Nurse (RN):	RN and anesthesia care provider confirm:	Initiated by designated team member All other activities to be suspended (unless a life-threatening emergency)	RN confirms:
Identity □ Yes Procedure and procedure site □ Yes Consent(s) □ Yes Site marked □ Yes □ N/A by person performing the procedure	Confirmation of: identity, procedure, procedure site and consent(s) Yes Site marked Yes N/A by person performing the procedure Patient allergies Yes N/A	Introduction of team members □ Yes All: Confirmation of the following: identity, procedure, incision site, consent(s) □ Yes Site is marked and visible □ Yes □ N/A	Name of operative procedure Completion of sponge, sharp, and instrument counts □ Yes □ N/A Specimens identified and labeled □ Yes □ N/A Any equipment problems to be addressed? □ Yes □ N/A
RN confirms presence of: History and physical □ Yes	Difficult airway or aspiration risk?	Relevant images properly labeled and displayed □ Yes □ N/A Any equipment concerns?	To all team members: What are the key concerns for recovery and management of this
Preanesthesia assessment ☐ Yes	□ Yes (preparation confirmed)	Anticipated Critical Events Surgeon:	patient?
Diagnostic and radiologic test results □ Yes □ N/A	Risk of blood loss (> 500 ml) □ Yes □ N/A # of units available	States the following: □ critical or nonroutine steps □ case duration	
Blood products □ Yes □ N/A	Anesthesia safety check completed	□ anticipated blood loss Anesthesia Provider:	
Any special equipment, devices, implants □ Yes □ N/A	Briefing: All members of the team have	 □ Antibiotic prophylaxis within one hour before incision □ Yes □ N/A □ Additional concerns? 	April 2010
Include in Preprocedure check-in as per institutional custom: Beta blocker medication given (SCIP) □ Yes □ N/A	discussed care plan and addressed concerns	Scrub and circulating nurse: Sterilization indicators have been confirmed Additional concerns?	
Venous thromboembolism prophylaxis ordered (SCIP) □Yes □ N/A Normothermia measures (SCIP) □ Yes □ N/A			AORN