

OB Surgical Safety Checklist

STOP, LOOK, and LISTEN!



Pre-Procedure Verification

Complete prior to entering the room

- ✓ Confirm patient name, date of birth and ID wristband applied.
- ✓ Documentation Review:
 - ✓ Surgical H&P within 30 days of procedure and attested to by surgeon within 24 hours.
 - ✓ Procedure, site and laterality, match final OR schedule and consent.
- Special equipment, implants (e.g. IUD) needed and available? ☐ Yes ☐ N/A
- Review of allergies and reactions with allergy band in place? ☐ Yes ☐ N/A
- ✓ Pre-anesthetic assessment, medical and airway/aspiration risk reviewed.
- ✓ Fetal presentation and placental location confirmed.

- Pediatric team needed? ☐ Yes ☐ No
- Send placenta to pathology? ☐ Yes ☐ No

Infection Risk Reduction:

- Abdominal CHG 2% wipes applied? ☐ Yes ☐ N/A
- Cefazolin 2gms (<120kgs) or 3 gms (≥120 kgs) given? ☐ Yes ☐ No
- Azithromycin 500 mg IV (only if laboring or ROM) ☐ Yes ☐ N/A
- CHG vaginal prep to be performed (only if laboring) ☐ Yes ☐ N/A

Hemorrhage preparedness:

- Hemorrhage risk screen in the last 60 min if laboring:
 - ☐ Low ☐ Medium ☐ High ☐ N/A

- ✓ Preoperative hemoglobin/hematocrit reviewed.

- Type and screen completed with negative antibody screen? ☐ Yes ☐ No
- Blood products needed/ordered? ☐ Yes ☐ No
- Which uterotonics or adjuncts can be given?
 - ☐ Oxytocin ☐ Methergine ☐ Carboprost ☐ Misoprostol ☐ TXA

- ✓ Any other questions or concerns before we proceed?

Additional questions to be completed if procedure involves laterality:

- ✓ Attending surgeon marks the surgical site with initials to be visible after draping.
- ✓ All necessary imaging, pathology including reports available.

☐ Check here when Pre-Procedure Verification completed

Time Out

Complete after prep and drape, immediately prior to incision

- ✓ **Each Team Member announces his/her name and role.**

- ✓ Patient's name and date of birth confirmed?

- ✓ Indication, diagnosis, allergies, and patient condition verified (ASA score, Foley draining)?

- ✓ DVT prophylaxis initiated, and antibiotics given in the last 60 min)?

- ✓ Proper positioning/padding reviewed and marked surgical site visible?

- ✓ Sufficient time elapsed for skin prep to dry and fire safety check completed?

- ✓ **HIGH RISK FIRE CASES:** Discussed preparatory plan and delineated roles in case of fire?

- ✓ Equipment/implants available?

- ✓ Removal of any foreign bodies (e.g. FSE, IUPC)

- ✓ Complexity of procedure and any critical steps reviewed (e.g. blood, specimen handling, newborn care)

- ✓ Any other concerns? (e.g. special precautions, needle stick prevention)?

Additional questions to be completed if procedure involves laterality:

- ✓ Site and laterality verified by review of imaging.
- ✓ Procedure(s) and laterality verified on consent form?

Incision can be made after timeout is complete!

☐ Check here when time out completed

Debrief and Sign-Out

Complete before attending proceduralist leaves room or before drapes removed

- ✓ Name of procedure?
- ✓ Pre- and Postoperative diagnosis?
- ✓ Specimens handled correctly (2 patient identifiers, preservation, containers)?
- ✓ QBL/EBL, fluid intake, blood products, and urine output reviewed?
- ✓ Postoperative medical concerns addressed (e.g. DVT prevention, Foley plan, continued pressor support, additional antibiotics indicated)?
- ✓ Disposition addressed (e.g. ICU?)
- ✓ Field reviewed for retention of foreign bodies or plan in place for removal of intentionally retained foreign bodies.
- ✓ Any unexpected events/equipment malfunction? (Consider a post-procedure huddle/debrief.)
- ✓ What could we have done better? (Consider a post-procedure huddle/debrief.)
- ✓ Are the instrument, sponge, and needle counts correct? (Must notify attending surgeon of miscounts)

- ✓ Hold a post-event huddle if indicated (e.g. stat cesarean, hemorrhage)

Drapes can be removed after debrief is complete

☐ Check here when debrief complete

Items highlighted in **yellow** should be completed before incision for a stat cesarean

Items highlighted in **blue** should be completed after delivery of the newborn for stat cesareans.

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Nerve Block #1 Pre-Procedure Verification		Nerve Block Time Out (Requires presence of Health Care Provider not participating in regional block procedure)	
Completed pre-procedure checklist verified by Anesthesia Attending?	✓ Yes	Anesthesia Attending supervising/performing block initiates time out?	✓ Yes
Site marked with surgeon initials verified by Anesthesia Attending?	✓ Yes	Patient identified by Name and DOB by Anesthesia Attending and Health Care Provider?	✓ Yes
Anesthesia Attending places initials on the block site?	✓ Yes	Regional block procedure verified against surgical consent by Anesthesia Attending and Health Care Provider?	✓ Yes
Indicate Block Type _____		Regional Block site and initials visible to all and verified by Health Care Provider? ✓ Yes	
Attending Anesthesiologist I attest that the above activities have been completed _____ (Signature) Date ____/____/____ _____ (Print) Time ____:____ am pm		Health Care Provider (stays until ultrasound exam started or needle enters skin) I attest that the above activities have been completed _____ (Signature) Date ____/____/____ _____ (Print) Time ____:____ am pm	
Additional Time Out			
Neuraxial Block (patient name/DOB, site, procedure verified) or Nerve Block #2 (see above): Indicate Block Type _____ _____ (Attending Anesth Sign) Date ____/____/____ _____ (Print) Time ____:____ am pm _____ (Health Care Provider Sign) Date ____/____/____ _____ (Print) Time ____:____ am pm		Bilateral organ robotic/laparoscopic surgery _____ (RN Signature) Date ____/____/____ _____ (Print) Time ____:____ am pm New procedure/new surgeon entering _____ (RN Signature) Date ____/____/____ _____ (Print) Time ____:____ am pm	
Sign-Offs			
Surgeon (Prior to OR entry) _____ (Signature) Date ____/____/____ _____ (Print) Time ____:____ am pm		Circulating Nurse (After completion of Time Out) _____ (Signature) Date ____/____/____ _____ (Print) Time ____:____ am pm	