# Surgical Safety Checklist

**STOP, LOOK, and LISTEN**

## Pre-Procedure Verification
Complete prior to entering procedure room

**Nursing Team:**
- Confirm patient name and date of birth, procedure, site, and consent? □ Yes □ N/A
- Documentation Review:
  - Surgical H&P within 30 days of procedure and attested to by surgeon within 24 hours? □ Yes □ N/A
  - Preoperative medical evaluations and consents completed? (POMA) □ Yes □ N/A
  - Procedure and laterality match final OR schedule and consent? □ Yes □ No

**Anesthesiology Team:**
- Pre-anesthetic assessment, medical & airway/aspiration risk evaluated? □ Yes □ N/A
- Type and screen/blood products ordered? □ Yes □ N/A

**Surgeon:**
- All necessary imaging/imaging reports and pathology reports are labeled with patient name, date of birth, and available? □ Yes □ N/A
- Laterality verified using images? □ Yes □ N/A
- Attending surgeon marks surgical site with initials to be visible after draping? □ Yes □ N/A
- Special equipment or implants needed and available? □ Yes □ N/A

**Discuss Plans with Team Members**
N/A = not applicable

## Time Out
Complete after prep and drape, immediately prior to incision
- ✅ Each Team Member announces his/her name and role.
- ✅ Is this overlapping surgery? (If so, identify any co- or backup surgeons)
- ✅ Patient's name and date of birth confirmed?
- ✅ Site and Laterality verified by review of imaging?
- ✅ Procedure and laterality verified on consent form?
- ✅ Proper positioning/padding reviewed and marked surgical site visible?
- ✅ Sufficient time elapsed for skin prep to dry and fire safety check?
- ✅ HIGH RISK FIRE CASES: Discussed preparatory plan and delineated roles in case of fire?
- ✅ Equipment/implants available?
- ✅ Diagnosis, allergies, and patient condition verified (ASA score)?
- ✅ DVT prophylaxis initiated and antibiotics given (if applicable)?
- ✅ Complexity of procedure and any critical steps reviewed? (e.g. blood, second timeout, specimen handling)
- ✅ Disposition planning made (e.g. ICU bed)?
- ✅ Any other concerns (e.g. special precautions, needle stick prevention)?

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## 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)?
- ✅ EBL, fluid intake, and output reviewed?
- ✅ Postoperative medical concerns addressed (Antibiotics, DVT prevention, Foley plan)?
- ✅ Disposition addressed (e.g. home, ICU, PACU bypass)
- ✅ Field reviewed for retention of foreign bodies or plan in place for removal of intentionally left foreign bodies?
- ✅ Any unexpected events (e.g. needle stick) or equipment malfunction?
- ✅ What could we have done better?
- ✅ Are the instrument, sponge, and needle counts correct? (Must notify attending surgeon of miscounts)

Draper can be removed after debrief is complete

☐ Check here when time out complete

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# Surgical Safety Checklist

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## Nerve Block #1
### Pre-Procedure Verification
- Completed pre-procedure checklist verified by Anesthesia Attending? Yes
- Site marked with surgeon initials verified by Anesthesia Attending? Yes
- Anesthesia Attending places initials on the block site? Yes

### Indicate Block Type

<table>
<thead>
<tr>
<th>Attending Anesthesiologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>I attest that the above activities have been completed.</td>
</tr>
<tr>
<td>__________________________</td>
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<tr>
<td>__________________________</td>
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</tbody>
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## Nerve Block Time Out
(Requires presence of Healthcare Provider not participating in regional block procedure)
- Anesthesia Attending supervising/performing block initiates time out? Yes
- Patient identified by Name & DOB by Anesthesia Attending & Healthcare Provider? Yes
- Regional block procedure verified against surgical consent by Anesthesia Attending & Healthcare Provider? Yes
- Regional Block site and initials visible to all & verified by Healthcare Provider? Yes

### Healthcare 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
  - __________________________ (Healthcare Provider Sign) Date ___/___/___
  - __________________________ (Print) Time ____ : _____ am pm

### Spine surgery, 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