

Please indicate which educator or service line should receive credit for this audit.

Service Line: ENT Eye Gen Gyne HVI Neuro OMF Ortho Pedi Plastics Transplant Trauma Uro

Educator Name: _____

**Surgical Safety Checklist
Audit Tool**

Update 03/2018

	Required
Date	
Facility	
Auditor	
Pt. Name	
MR#	
Surgeon	
Anesthesiologist	
OR Room #	
No Pass Zone	

Patient Sticker

Briefing: prior to induction, circulating nurse and anesthesia provider for the case are present

	Yes	No	NA
Pt identity, site, consent, and procedure confirmed			
Correct implants present if applicable			
Site marked			
Anesthesia equipment checked, assessment completed			
Difficult airway or aspiration risk?			
Patient Allergies?			
Confirm Blood availability if necessary			
VTE prophylaxis, warming blanket, and beta blocker confirmed if applicable			

Hear the nurse and anesthesia confirm
Hear the nurse verbal confirm presence
See the nurse visualise the site
Nurse obtains verbal confirmation
Nurse obtains verbal confirmation
Nurse verbally confirms allergies and looks at band
Hear the nurse verbally confirm the blood is avail or stat that no blood has been ordered / check RAB
Verbal confirmation by the nurse

Time Out: before skin incision all team members present, patient draped, prior to incision

	Yes	No	NA
All team members identifies (can be done prior to drape)			
Confirm patient name, procedure, and visualize incision site/markings if applicable			
Appropriate antibiotics			
Correct implants present if applicable			
Team member patient specific concerns			
Anticipated case length			
Anticipated blood loss			
Confirm sterility indicator			
Essential imaging displayed			
Fire Risk Assessment			

Hear introductions / see names on board, or stats "same crew"
Hear the circulator state name, list procedure, and site
Verbal confirmation between anesthesia and surgeon
Hear verbal confirmation from nurse and surgeon
Hear verbal confirmation from each team member
Verbal confirmation from surgeon
Verbal confirmation from the surgeon
Verbal confirmation from scrub tech/nurse who observed the strips
See x-rays/PACS or nurse confirms not applicable
Give score based on 1 point for each of the following:
Initiate Low risk w/ Score 1 or 2 or High risk w/ Score 3 fire protocol per patient

Debriefing: done at end of procedure but prior to surgeon leaving

	Yes	No	NA
Surgeon and Nurse verbally confirms: name of procedure,site and laterality			
Surgeon verbally gives surgical wound class			
Surgeon and Nurse verbally confirm post-op diagnosis			
Nurse verbally confirms: Instrument, sponge, needle count complete prior to closing			
Surgeon and Nurse verbally confirms: specimen labeling			
Concerns or critical events to relay to immediate post-op caregiver			
Nurse verbally confirms: failed equipment out of service with proper labeling and reporting			

Hear the nurse and surgeon verbalize confirmation
Hear the nurse and surgeon verbalize confirmation
Hear the nurse and surgeon verbalize confirmation
Nurse verbalizes the count is complete to surgeon
Hear the nurse and surgeon verbalize confirmation
Nurse verbalizes the question and the surgeon agrees
If applicalbe, labeled equipment visualized outside room