

Surgical Safety Checklist



Ministry of Health
Sri Lanka

Patient Care – Above All

Institution:

Date:

Procedure:

Before induction of anaesthesia

Before start of surgical intervention

Before patient leaves the theatre

❖ Has the patient confirmed his/her identity, procedure, site and consent? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
❖ Is the ward preparation completed? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
❖ Is the surgical site marked? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
❖ Are the anaesthesia machine, pulse oximeter and other relevant monitors, defibrillator and drugs checked? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
❖ Does the patient have a: <ul style="list-style-type: none"> • Known allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No • Difficult airway/aspiration risk? <input type="checkbox"/> Yes, equipment and assistance available <input type="checkbox"/> No • Risk of > 500ml blood loss (in children >7ml/kg)? <input type="checkbox"/> Yes, adequate IV access and fluids planned <input type="checkbox"/> No
❖ Are there any known infection risks which will affect the safety of the team (Hep B, MRSA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No

❖ Confirm introduction of team members by name and role to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Reconfirm patient identity, procedure and site? <input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Has DVT prophylaxis been undertaken? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
❖ Blood <input type="checkbox"/> Cross matched <input type="checkbox"/> Grouped & Saved <input type="checkbox"/> Not applicable
❖ Has the SSI bundle been undertaken? Antibiotic prophylaxis <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable Patient warming <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable Hair removal <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable Glycaemic control <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
❖ Is essential imaging displayed /reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
❖ Anticipated Critical Events <ul style="list-style-type: none"> • To Surgeon: Way the patient is to be positioned? What are the critical or non-routine steps? Any special investigations/instruments needed during surgery?..... • To Anaesthetist: Any patient specific concerns? • To Nursing Team: Has sterility of instruments been confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any equipment issues or concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No

❖ Nurse verbally confirms: <ul style="list-style-type: none"> <input type="checkbox"/> The name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labeling & completion of request forms <input type="checkbox"/> Any equipment problems to be addressed
❖ Confirm recording of following on the BHT <ul style="list-style-type: none"> <input type="checkbox"/> Level of consciousness <input type="checkbox"/> Vital signs <input type="checkbox"/> Splints/Prosthesis/Vascular lines attached <input type="checkbox"/> Operative notes and significant events <input type="checkbox"/> Management guide for next 24hours

Patient Details	
Name:	_____
Age in years:	_____ Gender: M / F
BHT No:	_____ Ward: _____
Procedure (if changed only):	_____
Surgery Performed by:	_____
Consultant Surgeon:	_____
Anaesthesia administered by:	_____
Consultant Anaesthetist:	_____