

AORN Comprehensive Surgical Checklist
 Blue- World Health Organization; Green-TJC Universal Protocol/2010 NPSG; Orange-TJC and WHO

PREPROCEDURE CHECK-IN	SIGN-IN	TIME-OUT	SIGN-OUT
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 <i>All other activities to be suspended (unless a life-threatening emergency)</i>	RN confirms:
Identity <input type="checkbox"/> Yes Procedure and procedure site <input type="checkbox"/> Yes Consent(s) <input type="checkbox"/> Yes Site marked <input type="checkbox"/> Yes <input type="checkbox"/> N/A by person performing the procedure RN confirms presence of: History and physical <input type="checkbox"/> Yes Preanesthesia assessment <input type="checkbox"/> Yes Diagnostic and radiologic test results <input type="checkbox"/> Yes <input type="checkbox"/> N/A Blood products <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any special equipment, devices, implants <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Confirmation of: identity, procedure, procedure site and consent(s) <input type="checkbox"/> Yes Site marked <input type="checkbox"/> Yes <input type="checkbox"/> N/A by person performing the procedure Patient allergies <input type="checkbox"/> Yes <input type="checkbox"/> N/A Difficult airway or aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes (preparation confirmed) Risk of blood loss (> 500 ml) <input type="checkbox"/> Yes <input type="checkbox"/> N/A # of units available _____ Anesthesia safety check completed <input type="checkbox"/> Yes Briefing: All members of the team have discussed care plan and addressed concerns <input type="checkbox"/> Yes	Introduction of team members <input type="checkbox"/> Yes All: Confirmation of the following: identity, procedure, incision site, consent(s) <input type="checkbox"/> Yes Site is marked and visible <input type="checkbox"/> Yes <input type="checkbox"/> N/A Relevant images properly labeled and displayed <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any equipment concerns? Anticipated Critical Events Surgeon: States the following: <input type="checkbox"/> critical or nonroutine steps <input type="checkbox"/> case duration <input type="checkbox"/> anticipated blood loss Anesthesia Provider: <input type="checkbox"/> Antibiotic prophylaxis within one hour before incision <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Additional concerns? Scrub and circulating nurse: <input type="checkbox"/> Sterilization indicators have been confirmed <input type="checkbox"/> Additional concerns?	Name of operative procedure Completion of sponge, sharp, and instrument counts <input type="checkbox"/> Yes <input type="checkbox"/> N/A Specimens identified and labeled <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any equipment problems to be addressed? <input type="checkbox"/> Yes <input type="checkbox"/> N/A To all team members: What are the key concerns for recovery and management of this patient? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Include in Preprocedure check-in as per institutional custom: Beta blocker medication given (SCIP) <input type="checkbox"/> Yes <input type="checkbox"/> N/A Venous thromboembolism prophylaxis ordered (SCIP) <input type="checkbox"/> Yes <input type="checkbox"/> N/A Normothermia measures (SCIP) <input type="checkbox"/> Yes <input type="checkbox"/> N/A			