Preoperative checklist

1. Patient/parent/legal guardian agrees to clinicians discussing the procedure with the nominated support person.

2. Preoperative checklist

   1. Personal aides/items documented
   2. Skin integrity assessed
   3. Existing implants/prostheses documented
   4. Haematology documented
   5. Intended surgical site marked by surgeon
   6. Pre-medication administered
   7. Cytotoxic medication administered within the last 7 days
   8. Cytotoxic medication administered in the last 7 days
   9. Diabetes status
   10. Other alerts (e.g., falls, interpreter, aggression)
   11. Patient in diabetic control
   12. Other medication taken
   13. Fasted
   14. Pre-medication administered
   15. Other medication taken
   16. Other medication withheld
   17. Radiology documented
   18. Existing implants/prostheses documented
   19. Coagulation
   20. Personal aids/items documented
   21. Relevant documentation
   22. Patient/parent/legal guardian agrees to clinicians discussing the procedure with the nominated support person

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Allergies Existing implants and prostheses

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<th>Allergy</th>
<th>Reaction</th>
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Variance / Other alerts / Additional notes

Date and time Actions and outcomes

Sign in - Before anaesthesia or equivalent

1. Patient has confirmed:
   - Identity AND
   - Site / Side AND
   - Procedure AND
   - Consent

2. Site marked:
   - Yes OR
   - Not applicable

3. Anaesthesia safety check completed:
   - Yes

4. Appropriate equipment / assistance available for managing a difficult airway / aspiration risk:
   - Yes

5. Known allergy(ies):
   - Yes OR
   - No

6. Known alert(s):
   - Yes OR
   - No

7. Risk of blood loss of > 500mL (7mL/kg in children):
   - Yes, and adequate planning for intravenous access and fluids OR
   - No

8. Prosthesis (or special equipment) has been checked and confirmed:
   - Yes OR
   - Not applicable

9. Plan for antibiotic prophylaxis has been made:
   - Yes OR
   - Not applicable

10. Thromboprophylaxis:
    - Mechanical:
      - Implemented OR
      - Not indicated
    - Medications:
      - Ordered OR
      - Not indicated

11. Essential imaging:
    - Checked with patient ID AND
    - Available in theatre and viewed by operator AND
    - Cross-checked against planned procedure OR
    - Not applicable

Time out - Before operative procedure or equivalent commences

12. Confirm all team members have:
    - Introduced themselves by name and role OR
    - Already knew each other by name and role

13. Surgeon, Anaesthetist and Nurse confirm:
    - Patient AND
    - Site / Side AND
    - Procedure

14. Antibiotic prophylaxis has been given:
    - Yes OR
    - Not applicable

15. Pressure injury prevention plan implemented:
    - Yes

16. Anticipated critical events:
    - Surgical team review:
      - Confirm the critical or non-routine steps
    - Anaesthesia team review:
      - Confirm any patient-specific concerns
    - Nursing team review:
      - Confirm sterility (including indicator results) AND
      - Confirm all equipment available

Sign out - Before patient leaves operating room

17. Nurse confirms with the team:
    - The name of the procedure documented AND
    - Accountable items count correct

18. Specimens are correctly labelled:
    - Yes OR
    - Not applicable

19. Equipment problems to be addressed:
    - Yes OR
    - Not applicable

Based on the WHO Surgical Safety Checklist, URL http://www.who.int/patientsafety/safesurgery/en, © World Health Organization 2008 All rights reserved.