Surgical Safety Checklist

Date: / /

Document variances on page 2

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

All checks need to be read out loud at time of confirmation

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
12. **STOP before you BLOCK**
    - ☐ Verify site and side (check consent / ask patient)
    - ☐ Site marked
    - ☐ STOP moment: Done with anaesthetist immediately before inserting needle
    - ☐ Not applicable

Time out - Before operative procedure or equivalent commences

13. **Confirm all team members have:**
    - ☐ Introduced themselves by name and role OR
    - ☐ Already know each other by name and role
14. **Surgeon, Anaesthetist and Nurse confirm:**
    - ☐ Patient AND
    - ☐ Site / Side AND
    - ☐ Procedure
15. **Antibiotic prophylaxis has been given:**
    - ☐ Yes OR
    - ☐ Not applicable
16. **Pressure injury prevention plan implemented:**
    - ☐ Yes
17. **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

18. **Nurse confirms with the team:**
    - ☐ The name of the procedure documented AND
    - ☐ Accountable items count correct
19. **Specimens are correctly labelled:**
    - ☐ Yes OR
    - ☐ Not applicable
20. **Equipment problems to be addressed:**
    - ☐ Yes OR
    - ☐ Not applicable
21. **Specific concerns for post operative care including pressure injury prevention:**
    - ☐ Surgical team AND
    - ☐ Anaesthetic team AND
    - ☐ Nursing team

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

DO NOT WRITE IN THIS BINDING MARGIN

© State of Queensland (Queensland Health) 2022
Licensed under: http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en
Contact: PSQIS_Corro@health.qld.gov.au

DO NOT WRITE IN THIS BINDING MARGIN

v8.00 - 06/2022

WINC Code: 1NY31477

SW068

Queensland Government

Perioperative Patient Record

Pre-operative Checklist

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Date	Time	Weight	Height	BMI	Ward from	Ward to
/ /	:	kg	cm			

Check 1	Check 2 Confirmed	Check 2 Variance	Check 3 Confirmed	Check 3 Variance
Information provided by: ☐ Patient ☐ Substitute decision-maker ☐ Other Name: Relationship:				
1 Patient or substitute decision-maker to state full name and DOB and confirm full name, DOB and URN match ID band and medical record ☐ Yes ☐ No (document as variance) Patient's preferred name:				
2 Legal documentation (EPOA, ARP, AHD, other) ☐ Yes (document as variance) ☐ No				
3 Valid procedural consent form completed ☐ Yes ☐ No (document as variance)				
4 Patient or substitute decision-maker to state procedure in own words and confirm procedure stated corresponds with signed consent form ☐ Yes ☐ No (document as variance) Response:				
5 Intended surgical site marked by surgeon ☐ Yes ☐ No (document as variance)				
6 X-rays, medical imaging, PACS ☐ Yes (document as variance) ☐ No				
ALERTS				
7 Allergy or Adverse Drug Reaction ☐ Yes (document as variance) ☐ Nil known				
8 Infection precautions ☐ Yes (document as variance) ☐ No				
9 Cytotoxic medication administered in the last 7 days ☐ Yes (document as variance) ☐ No				
10 Anticoagulant, antiplatelet agent, thrombolytics or any complementary medicines (e.g. fish oil, turmeric) administered in the last 7 days ☐ Yes (document as variance) ☐ No				
11 Patient refuses blood products ☐ Yes (document as variance) ☐ No				
12 Pregnant ☐ Yes ☐ No ☐ Suspected or unknown (document as variance)				
13 Diabetic ☐ Yes (document as variance) ☐ No				
14 Skin assessment ☐ Intact ☐ Not intact (document as variance) ☐ Not assessed (document as variance) **Pressure risk assessment tool completed** ☐ Yes ☐ No (document as variance)				
15 Other alerts (e.g. falls, interpreter, aggression) ☐ Yes (document as variance) ☐ No				
16 Fasted ☐ Yes ☐ No (document as variance) Last food/non-clear fluid intake – Date: / / Time: : Last clear fluid intake – Date: / / Time: :				
17 Pre-medication administered ☐ Yes (document as variance) ☐ No **Other usual medication withheld** ☐ Yes (document as variance) ☐ No				
18 Existing implants, prostheses ☐ Yes (document as variance) ☐ No				
19 Caps, crowns, loose teeth, braces or dentures ☐ Yes (document as variance) ☐ No				
20 Personal aids, items ☐ Yes (document as variance) ☐ No				
21 Preparation Surgical attire: ☐ Yes ☐ No (document as variance) Removed or taped jewellery, body jewellery, hair pins, make-up, nail polish, eye lashes: ☐ Yes ☐ No (document as variance) Procedure specific preparation complete: ☐ Yes ☐ No (document as variance) Bowel prep satisfactory: ☐ Not required ☐ Yes ☐ No (document as variance) Anti-embolic devices applied: ☐ Yes ☐ No (document as variance)				
22 Patient continent of urine ☐ Yes ☐ No (document as variance) ☐ IDC in-situ Last void – Time: :				
23 Relevant documentation (e.g. medical record, medical chart, fluid order sheet, fluid balance chart, diabetic chart, 3 sheets of patient labels, observation sheet) ☐ Yes ☐ No (document as variance)				
24 Patient or substitute decision-maker agrees to clinicians discussing the procedure with the nominated support person ☐ Yes ☐ No (document as variance) Support person Name: Phone:				

	Print name:	Designation:	Signature:	Time:
Check 1				:
Check 2				:
Check 3				:

PERIOPERATIVE PATIENT RECORD

Queensland Government

Perioperative Patient Record

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Variances

1 Patient or substitute decision-maker is unable to state full name and date of birth
Comment:

2 Legal documentation available Comment:

3 Valid procedural consent form not available ☐ Team contacted
Comment:

4 Patient or substitute decision-maker statement of procedure does not match informed consent ☐ Team contacted
Comment:

5 Intended surgical site marked by surgeon ☐ Not required ☐ Team contacted
Comment:

6 X-rays, medical imaging, PACS ☐ Digital imaging ☐ Physical imaging sent with patient
Comment:

ALERTS

7 Allergy or Adverse Drug Reaction ☐ Refer to patient chart ☐ Refer to NIMC or electronic record or medication list

Drug (or other)	Reaction

8 Infection precautions ☐ Contact ☐ Droplet ☐ Airborne ☐ Operating theatre contacted
Comment:

9 Cytotoxic medication administered in the last 7 days ☐ Yes – Date last taken: ..../..../.... ☐ Operating theatre contacted
Comment:

Medication	Date last taken	Comment

10 Anticoagulant, antiplatelet, thrombolytic, complementary medicine

Medication	Date last taken	Comment

11 Blood refusal Comment: ☐ Operating theatre contacted

12 Pregnant ☐ Suspected or unknown Beta HCG:

13 Diabetic ☐ Type 1 ☐ Type 2 ☐ Insulin requiring ☐ Other Comment:
BGL: Time: .... : .... Ketone: Time: .... : ....

14 Skin assessment ☐ Not intact or assessed Comment:
Pressure injury Site: Stage:
☐ Pressure injury risk – Score: ☐ Operating theatre contacted

15 Other alerts (e.g. falls, interpreter, aggression)

Alert	Actions and outcomes

DO NOT WRITE IN THIS BINDING MARGIN

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

Perioperative Patient Record

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Variances *(continued)*

16 Fasted ☐ Patient not fasted as per guideline ☐ Operating theatre contacted
Comment:

17 Pre-medication administered or usual medication withheld

Medication	Date last taken	Comment

18 Existing implants, prostheses

Type	Site

Comment:

19 Caps, crowns, loose teeth, braces or dentures
☐ Caps ☐ Crowns ☐ Loose teeth ☐ Braces Specify site(s):
☐ Dentures: ☐ Upper ☐ Lower ☐ Partial ☐ Full ☐ In-situ ☐ Remain on ward
Comment:

20 Personal aid, items ☐ Other:
Glasses: ☐ In-situ Contact lenses: ☐ Removed Hearing aid: ☐ In-situ
Comment:

21 Preparation ☐ Operating theatre contacted
☐ Surgical attire not required Comment:
☐ Jewellery, body jewellery, hair pins, make-up, nail polish, cosmetic nails, eye lashes not removed
Comment:
☐ Procedure specific preparation not complete Comment:
☐ Bowel preparation not satisfactory Comment:
☐ Anti-embolic device not applied Comment:

22 Patient continent of urine ☐ IDC in-situ ☐ Incontinent Comment:

23 Relevant documentation not available Comment:

24 Patient or substitute decision-maker does not agree to clinicians discussing the procedure with the nominated person
Comment:

Additional variances