

SURGICAL TEAM SAFETY CHECKLIST (MR87)

MR: patient identification label in this box

UR Number: _____
Surname: _____
Given name: _____
Second given name: _____
D.O.B: ____/____/____ Sex: _____

Hospital: _____

The operating surgeon leads the completion of the checklist. During the in theatre check all theatre attendees must participate. No other activities should be undertaken at this time.

1. IN THEATRE - PRE INCISION			
a) Confirm all team members name and role is displayed on whiteboard or they have been introduced	Yes	<input type="checkbox"/>	
b) Correct patient?	Yes	<input type="checkbox"/>	
c) Correct site (check site marking)? Correct laterality, level or digit Name of clinician who marked site: _____	Yes	<input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
d) Correct procedure?	Yes	<input type="checkbox"/>	
e) Is the consent signed?	Yes	<input type="checkbox"/>	
f) Does patient have an allergy? If yes, please provide detail: _____	Yes	<input type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>
g) Antibiotic prophylaxis (within last 60 minutes)	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
h) Has thrombo prophylaxis been arranged? If yes, please circle type: Stockings / Pharmacological / Compression devices	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
<small>If Pharmacological, please provide detail: _____</small>			
i) Is essential imaging available?	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
j) Surgeon review <small>(i) Are there any critical/unusual steps? If yes, provide detail: _____</small>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
k) Anaesthesia review <small>(i) Are there any patient specific concerns?</small>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
l) Nursing review <small>(i) Are there any equipment or other issues?</small>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
m) Has any prosthesis (or special equipment) to be used in theatre been checked and confirmed?	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
2. IN THEATRE - POST PROCEDURE			
n) Nurse verbally confirms with the team <small>(i) The name of the procedure recorded</small>	Yes	<input type="checkbox"/>	
<small>(ii) That instrument, sponge, needle and other counts are correct</small>	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
<small>(iii) Specimen is labelled correctly (including patient's name)</small>	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
<small>(iv) Are there any equipment problems to be addressed</small>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<small>If yes, provide detail: _____</small>			
o) Are there any unusual or specific concerns regarding recovery postop management? If yes, provide detail: _____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3. CLINICIAN LEADING THE PROCESS			
<small>Full Name (please print)</small> _____		<small>Designation (please print)</small> _____	
4. CHECKLIST CONDUCTED BY			
<small>Full Name (please print)</small> _____		<small>Designation (please print)</small> _____	
Signature	Date	Time	am
_____	____/____/20____	_____	pm

MR87

SURGICAL TEAM SAFETY CHECKLIST

SA Health
Revised January 2014

APPENDIX B:

The original 'Surgical Team Safety Checklist (MR87)' pictured on the left, and the the new 'Surgical Safety Checklist' implemented as part of our new SSC process pictured below.

Main features include a change from portrait to landscape, 2 parts (pre-precision and post-procedure) to 3 parts (pre-induction, pre-incision, before unscrubbing), and a more attractive, easier to read design.

Surgical Safety Checklist

"An opportunity to ensure patient safety and improve patient oriented outcomes."

Government of South Australia
SA Health

PRE INDUCTION
(At Least: Anaesthetist, Surgeon, Scrub or Scout, and Anaesthetic Nurse)

Confirm patient identity

Consent Confirmed?
 Yes

Is the site marked?
 Yes
 Not Applicable

Any known allergies and/or alerts?
 Yes
 No

Antibiotic prophylaxis plan discussed?
 Yes
 N/A

Has the airway plan been discussed?
 Yes
 N/A

Preoperative investigations reviewed?
 Yes
 Not Applicable

Treatment limitations known and understood?
 Yes

All equipment and prostheses available?

PRE INCISION
(Whole Team)

Confirm all team members names/roles

Antibiotic prophylaxis within last 60 min?
 Yes
 Not Applicable

Surgical plan
 What is the plan?
 What are the critical or non routine steps?
 How long will the case take?
 What is the anticipated blood loss?

Anaesthetic considerations?

Nursing considerations?

Imaging plan
 Has image intensifier been contacted?
 Essential imaging available?
 Not Applicable

Check calf compressors are switched on?
 Yes
 Not Applicable

BEFORE UNSCRUBBING
(At Least: Anaesthetist, Surgeon, Scrub or Scout Nurse)

Confirm:
 Name of procedure
 Perioperative counts complete
 Specimen labelled and correct identification labels
 Equipment problems

Team Discussion:
 Perioperative handover instructions

Has VTE prophylaxis been discussed?
 Yes
 N/A

Southern Adelaide Local Health Network

Version 2.0
Surgical Safety Checklist form reviewed and updated on 10/06/2019