

SURGICAL SAFETY CHECKLIST

Huddle Performed

TIME OUT



Everyone Stop

Has everyone in the OR been introduced?

Patient name and MRN#?

Procedure Verification

What is the Procedure? (stated by Surgeon)

▪ Laterality (if applicable)?

▪ Is site marking visible in prepped field?

RN: Consent confirms procedure is correct

Position?

Allergies?

Appropriate antibiotics given?

VTE prophylaxis?

Imaging, implants & equipment available?

Medications/irrigations on the sterile field?

How are Sharps going to be handled?

Fire Risk Safety Assessment

Alcohol prep solution:

Dried for >3 minutes before draping-no pooling

Prep applicator(s) contained

Is the Bovie pencil in the holster?

Keep the heat/light sources protected when not in use

RISK IS HIGH

Procedure site above xyphoid

Open Oxygen Source*

Ignition source present*

Laser Safety Precautions

Wet sponges as appropriate

Basin of sterile saline and full bulb syringe

Anesthesia:

Filled saline syringe for oral surgery procedure

Appropriate personal protection

Does anyone have concerns?

DEBRIEFING

What is the final procedure performed?

What is the wound classification?

Counts correct?

Yes _____ Wanding complete?

No _____ X-Ray results?

Specimens verified with the following:

Patient name & MRN

Anatomical identification

Laterality

Special handling

Who is transporting the specimen?

What is the pain management plan?

ID bracelet present?

EBL?

Does anyone have concerns?