



SURGICAL SAFETY CHECKLIST (FIRST EDITION)

SIGN IN	TIME OUT	SIGN OUT
<input type="checkbox"/> PATIENT HAS CONFIRMED <ul style="list-style-type: none"> • IDENTITY • SITE • PROCEDURE • CONSENT 	<input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE <ul style="list-style-type: none"> • SITE • PROCEDURE • CONSENT 	<input type="checkbox"/> NURSE VERBALLY CONFIRMS WITH THE TEAM: <ul style="list-style-type: none"> • SITE • PROCEDURE
<input type="checkbox"/> SITE MARKED/NOT APPLICABLE	<input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM <ul style="list-style-type: none"> • PATIENT • SITE • PROCEDURE 	<input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
<input type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED	<input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)	<input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
<input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONING	<input type="checkbox"/> ANTICIPATED CRITICAL EVENTS	<input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNs FOR RECOVERY AND MANAGEMENT OF THIS PATIENT
DOES PATIENT HAVE A: <ul style="list-style-type: none"> KNOWN ALLERGY? 	<input type="checkbox"/> SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?	<input type="checkbox"/> NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNs?
KNOWN ALLERGY? <ul style="list-style-type: none"> NO YES 	<input type="checkbox"/> ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNs?	<input type="checkbox"/> HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
DIFFICULT AIRWAY/ASPIRATION RISK? <ul style="list-style-type: none"> NO YES, AND EQUIPMENT/ASSISTANCE AVAILABLE 	<input type="checkbox"/> NO <input type="checkbox"/> YES	<ul style="list-style-type: none"> YES NOT APPLICABLE
RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)? <ul style="list-style-type: none"> NO YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED 	<input type="checkbox"/> NO <input type="checkbox"/> YES	IS ESSENTIAL IMAGING DISPLAYED? <ul style="list-style-type: none"> YES NOT APPLICABLE

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

Source: World Health Organization Geneva. Accessed at www.who.int/patientsafety/safesurgery/tools_resources/SSSI Checklist final.lun08.pdf