



Example

LUTON & DUNSTABLE

UNIVERSITY HOSPITAL

D	D
1	5

M	M	M
S	E	P

2	0	Y	Y
2	0	1	2

LOCAL STANDARD FOR SURGICAL OUTPATIENTS (INCORPORATING WHO SURGICAL SAFETY CHECKLIST) <small>On completion please place in patient's notes</small>		
1. PRE-OPERATIVE BRIEFING To be discussed in a suitable environment	<input type="checkbox"/> Confirm all team members have introduced themselves by name and role and list is displayed <input type="checkbox"/> Clinical review of case <input type="checkbox"/> All anticipated emergency equipment available?	
2. SIGN IN Before induction of any anaesthesia	<input type="checkbox"/> Patient ID, Name, Date of Birth, Hospital Number <input type="checkbox"/> Planned procedure and consent <input type="checkbox"/> Site and side marked? Yes/N/A <input type="checkbox"/> Any known allergies? Yes/No <input type="checkbox"/> Check pressure areas/skin assessment <input type="checkbox"/> Difficult airway predicted? Yes/No <input type="checkbox"/> Predicted blood loss: N/A <input type="checkbox"/> Is the patient pregnant? Yes/No/N/A <input type="checkbox"/> Any uncertainties or omissions? Yes/No	
3. TIME OUT (STOP CHECK) Before surgical intervention	<input type="checkbox"/> Patient ID, Name, Date of Birth, Hospital Number <input type="checkbox"/> Consent received? <input type="checkbox"/> Correct site, side and positioning? <input type="checkbox"/> Prophylactic antibiotics? Yes/N/A <input type="checkbox"/> Patient warming? Yes/N/A <input type="checkbox"/> Any known allergies? Yes/No <input type="checkbox"/> Diathermy applied? Yes/N/A Operator says: BEFORE WE PROCEED, DOES ANYONE HAVE ANY CONCERNS? SPEAK UP NOW	Operator: Assistant:
4. SIGN OUT (May be led by any member of procedure team) Before the patient or any team member leaves the Clinic Room	<input type="checkbox"/> Procedure performed correctly including site and side? <input type="checkbox"/> Sharps disposed of safely <input type="checkbox"/> Specimen labelled and prepared correctly? <input type="checkbox"/> All items used in procedure accurately reconciled? <input type="checkbox"/> Discussion had with patient about post-procedural care?	Name and signature of procedure team member:
5. DEBRIEF Whole surgical team to discuss in suitable environment	<input type="checkbox"/> What could have been done to make this case safer or more efficient? <input type="checkbox"/> Any equipment problems that need to be addressed?	Name and Signature of procedure team member:
SAFE TO GO		
Operator Name and Signature: Assistant Name and Signature: Date: Clinic Room:		





LUTON & UNIVERSITY
DUNSTABLE HOSPITAL

Example

D	D	M	M	M	2	0	Y	Y
1	5	S	E	P	2	0	1	2

