

**SURGICAL SAFETY CHECKLIST- to be read aloud**  
Revised by Theatre Management Group May 2016. This document is the minimum standard.



**SIGN IN**  
Before induction of anaesthesia  
With ODP & Anaesthetist



**TIME OUT**  
Immediately before start of surgical procedure  
With Surgeon, Anaesthetist & Team



**SIGN OUT**  
Before anyone leaves theatre  
With Surgeon, Anaesthetist & Team

**Have the patient's identity, procedure, site and consent been confirmed?**  
 Yes

**Is the surgical & block site marked?**  
 Yes  
 N/A

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**Verbal check with Scrub team**  
Is surgical equipment for the planned procedure available & checked?  
 Yes

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**Does the patient have a:**  
Known allergy?  
 No  Yes  
Difficult airway or aspiration risk?  
 No  Yes  
Equipment/ Assistance available  
Risk of >500ml (7ml/kg in children) blood loss?  
 No  Yes  
Appropriate access & fluids planned

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**Is the anaesthetic equipment & medication check complete?**  
 Yes

**If neuraxial/ regional technique is planned has anticoagulant treatment been withheld appropriately & if applicable INR checked?**  
 Yes  
 N/A

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Have all the team members introduced themselves by name & role?**  
 Yes

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**Confirm with the team:**  
 the patient's name, DOB & ID number  
 the procedure, site and position planned

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**Anticipated Critical Events**  
Are there any non-routine steps or concerns you want the team to be aware of?  
 No  Yes  
Is there a risk of >500ml (7ml/kg) blood loss?  
 No  Yes  
Is blood arranged?  
 Yes  
 N/A

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**Surgical Site Infection Bundle (SSI)**  
Is antibiotic prophylaxis being given?  
 Yes  
 N/A  
Is patient warming required (t> 30 min.)?  
 Yes  
 N/A  
Is blood glucose appropriately controlled?  
 Yes  
 N/A

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**Has VTE prophylaxis been undertaken?**  
 Yes  
 N/A

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**Are all staff wearing Radiation PPE?**  
 Yes  N/A

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Confirm with the team:**  
 the name of the procedure has been recorded  
 the instrument, swab & sharp counts are complete & correct  
Have the specimens been labelled?  
 Yes  
 N/A  
Have any equipment problems identified been addressed?  
 Yes  
 N/A  
Has the throat pack been removed?  
 Yes  
 N/A  
Have any key concerns for the recovery of this patient been highlighted?  
 Yes  
 N/A

Operating Surgeon: \_\_\_\_\_  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

AFFIX PATIENT LABEL HERE