



HSE Safe Surgery Checklist



SIGN IN

TIME OUT

SIGN OUT



To be completed in anaesthesia room/operating theatre/blockroom prior to induction of anaesthesia when there is silence



To be completed in operating/procedure room prior to skin incision. To be read aloud in the presence of all team members when there is silence



To be completed prior to patient leaving the operating/procedure room

- Has the patient stated their name, date of birth, procedure, site/side/digit/level and confirmed signature on consent form *(This should be checked against wrist band and consent form)*. Yes or
- Have these been confirmed with Parent/ Guardian? Yes
- Does the HCR number on consent match wrist band? Yes
- Is the site marked? *(Check with surgeon if any issues)* Yes
- Does the patient have a known allergy? Yes No
- Details: _____
- Are prophylactic antibiotics required? Yes No
- Has the risk of expected/unexpected blood loss been discussed? No Yes
- If blood products are required, are they available? Yes
- If unexpected blood loss should occur, are protocols in place to recognise, treat and manage it? Yes
- Is all necessary equipment/implants etc. available? Yes
- Does the patient require:
 - Contact precautions Yes No
 - Droplet precautions Yes No
 - Airborne precautions Yes No
- Is specific PPE required and available? Yes No
- Is VTE prophylaxis required? No
- If yes, is it Mechanical Medicinal
- Is there a difficult airway risk/risk of aspiration? Yes No
- ASA Grade: _____

Signature: _____ Time: _____

- Confirm that new team members have been introduced to all of the team
- All team members stop and confirm the patients name, DOB, HCRN, procedure, site/side/digit/level and visually check where the incision will be made. *(This should be checked against wrist band on patient and consent form)*
- Confirm the patient is positioned correctly and safely
- Is essential imaging displayed and consistent with all patient details? Yes N/A
- Has antibiotic prophylaxis been given within the last 60 minutes? Yes N/A
- Does the patient have a known allergy? Yes No

Details: _____

- Confirm the plan for procedure and ask the team members if there are any critical areas of concern
 - Surgeon
 - Anaesthesiologist
 - Scrub Nurse/Midwife

Details: _____

Signature: _____ Time: _____

- Confirm the name of the procedure
- Confirm Instrument, sponge and needle count are correct
- Confirm that specimens are identified and labelled (read specimen labels aloud, including patient name & HCRN) Yes N/A
- Ask Surgeon, Anaesthesiologist and Scrub Nurse/Midwife if there is any specific post-operative information that must be relayed to staff
 - Surgeon
 - Anaesthesiologist
 - Scrub Nurse/Midwife

Details: _____

Signature: _____
Time: _____

Patient Details (Addressograph Label)

Name: _____
HCRN: _____
DOB: _____
Date of Procedure: _____