

# WHO Surgical Safety Checklist

(adapted for England and Wales)

## SIGN IN (To be read out loud)

### Before induction of anaesthesia

Has the patient confirmed his/her identity, site, procedure and consent?

Yes

Is the surgical site marked?

Yes/not applicable

Is the anaesthesia machine and medication check complete?

Yes

Does the patient have a:

**Known allergy?**

No

Yes

**Difficult airway/aspiration risk?**

No

Yes, and equipment/assistance available

**Risk of >500ml blood loss (7ml/kg in children)?**

No

Yes, and adequate IV access/fluids planned

## TIME OUT (To be read out loud)

### Before start of surgical intervention for example, skin incision

Have all team members introduced themselves by name and role?

Yes

**Surgeon, Anaesthetist and Registered Practitioner verbally confirm:**

What is the patient's name?

What procedure, site and position are planned?

**Anticipated critical events**

**Surgeon:**

How much blood loss is anticipated?

Are there any specific equipment requirements or special investigations?

Are there any critical or unexpected steps you want the team to know about?

**Anaesthetist:**

Are there any patient specific concerns?

What is the patient's ASA grade?

What monitoring equipment and other specific levels of support are required, for example blood?

**Nurse/ODP:**

Has the sterility of the instrumentation been confirmed (including indicator results)?

Are there any equipment issues or concerns?

**Has the surgical site infection (SSI) bundle been undertaken?**

Yes/not applicable

• Antibiotic prophylaxis within the last 60 minutes

• Patient warming

• Hair removal

• Glycaemic control

**Has VTE prophylaxis been undertaken?**

Yes/not applicable

**Is essential imaging displayed?**

Yes/not applicable

## SIGN OUT (To be read out loud)

### Before any member of the team leaves the operating room

**Registered Practitioner verbally confirms with the team:**

Has the name of the procedure been recorded?

Has it been confirmed that instruments, swabs and sharps counts are complete (or not applicable)?

Have the specimens been labelled (including patient name)?

Have any equipment problems been identified that need to be addressed?

**Surgeon, Anaesthetist and Registered Practitioner:**

What are the key concerns for recovery and management of this patient?

### PATIENT DETAILS

Last name:

First name:

Date of birth:

NHS Number:\*

Procedure:

\*If the NHS Number is not immediately available, a temporary number should be used until it is.

This checklist contains the core content for England and Wales