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| Patient label |
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ESTS SAFE SURGERY CHECKLIST

Date of Surgery:...../...../..... HIV/Hepatitis Procedure: _____

| BEFORE INDUCTION ON ANAESTHESIA: SIGN IN | | | |
|---|--|--|---|
| Patient identity checked | <input type="checkbox"/> Correct | <input type="checkbox"/> WRONG (Report) | |
| Consent checked | <input type="checkbox"/> Present | <input type="checkbox"/> Missing (Rectify before proceeding) | |
| Surgical side marked | <input type="checkbox"/> Yes | <input type="checkbox"/> Not marked (Confirm) | <input type="checkbox"/> N.A. |
| Patient known ALLERGY? | <input type="checkbox"/> No | <input type="checkbox"/> Yes: <input type="checkbox"/> DRUGS <input type="checkbox"/> LATEX <input type="checkbox"/> OTHER | |
| Anticoagulation/Antiaggregation adjustment performed? | <input type="checkbox"/> NA <input type="checkbox"/> Yes | <input type="checkbox"/> No (Report) | |
| Premedication needed? | Profilactic Antibiotics <input type="checkbox"/> | Steroid Replacement Regimen: Yes <input type="checkbox"/> N.A. <input type="checkbox"/> | |
| Patient ASA class reported? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Confirm before proceeding) | |
| Anaesthesia safety check complete | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Report) | |
| Fiberoptic Bronchoscope available | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Report) | |
| Essential Monitory | <input type="checkbox"/> ECG | <input type="checkbox"/> Pulseoximetry | <input type="checkbox"/> Capnography <input type="checkbox"/> ABP |
| Patient warming system | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Inform) | |
| DVT prophylaxis | <input type="checkbox"/> Compression Stockings | <input type="checkbox"/> SQ Heparin | <input type="checkbox"/> N.A. |
| Foreseeable patient anaesthetic problems | <input type="checkbox"/> No | <input type="checkbox"/> Yes, specify: | |
| Difficult airway | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Equipment/assistance available | |
| Risk of 500ml>blood loss | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Adequate IV acceses/ fluids planned | |
| Nursing team confirm equipment sterility | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Report) | <input type="checkbox"/> N.A. |
| Surgical technical equipment available and checked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Report) | <input type="checkbox"/> N.A. |
| Necessary implants on stand by | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Report) | <input type="checkbox"/> N.A. |

| BEFORE SKIN INCISION: TIME OUT | | | |
|--|------------------------------|--|-------------------------------|
| Role and name of team members clear | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Clarify) | |
| Surgical team confirm surgical site | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Clarify) | |
| Surgical team confirm surgical procedure | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Check and confirm) | |
| Surgical team confirm operative duration | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Check and confirm) | |
| Essential images displayed | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Display) | <input type="checkbox"/> N.A. |
| Correct surgical position checked | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Check before proceeding) | |
| Surgical site infection preparation | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Prepare before proceeding) | |
| Foreseeable surgical problems | <input type="checkbox"/> No | <input type="checkbox"/> Yes, specify | |

| BEFORE LEAVING THE OR: SIGN OUT | | | |
|---|------------------------------|-----------------------------|-------------------------------|
| Counting of instruments, swabs, and sharps is complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N.A. |
| Have the specimens being labeled appropriately? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N.A. |
| Postoperative medical orders complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N.A. |
| Any equipment problems to report? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N.A. |

| SIGNATURES | | | |
|----------------|------------|---------------|--|
| Nurssing staff | Anesthesia | First Surgeon | |

COMMENTS TO REPORT (IF APPROPRIATE):

NURSSING STAFF:

Signature

ANAESTHETIST:

Signature

FIRST SURGEON:

Signature