**COMPREHENSIVE SURGICAL CHECKLIST**

Blue = World Health Organization (WHO) Green = The Joint Commission - Universal Protocol 2016 National Patient Safety Goals Teal = Joint Commission and WHO

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| **PREPROCEDURE CHECK-IN** | **SIGN-IN** | **TIME-OUT** | **SIGN-OUT** |
| **In Preoperative Ready Area** | **Before Induction of Anesthesia** | **Before Skin Incision** | **Before the Patient Leaves the Operating Room** |
| **Patient or patient representative actively confirms with registered nurse (RN):** | **RN and anesthesia professional confirm:** | **Initiated by designated team member:**  All other activities to be suspended (except in case of life-threatening emergency) | **RN confirms:** |
| Identity  Yes  Procedure and procedure site  Yes  Consent(s)  Yes  Site marked  Yes  N/A  by the person performing the procedure  **RN confirms presence of:**  History and physical  Yes  Preanesthesia assessment  Yes  Nursing assessment  Yes  Diagnostic and radiologic test results   * Yes  N/A   Blood products  Yes  N/A  Any special equipment, devices, implants  Yes  N/A  Include in Preprocedure check-in as per institutional custom:  Beta blocker medication given   * + Yes  N/A Venous thromboembolism   prophylaxis ordered   * + Yes  N/A Normothermia measures   + Yes  N/A | Confirmation of the following: identity, procedure, procedure site, and consent(s)  Yes  Site marked  Yes  N/A  by person performing the procedure  Patient allergies  Yes  N/A  Pulse oximeter on patient  Yes  Difficult airway or aspiration risk   * No  Yes (preparation confirmed)   Risk of blood loss (> 500 mL)   Yes  N/A  # of units available  Anesthesia safety check completed   * Yes   **Briefing:**  All members of the team have discussed care plan and addressed concerns  Yes | Introduction of team members  Yes  **All:**  Confirmation of the following: identity, procedure, incision site, consent(s)  Yes  Site is marked and visible  Yes  N/A  Fire Risk Assessment and Discussion   Yes (prevention methods implemented)   N/A  Relevant images properly labeled and displayed  Yes  N/A  Any equipment concerns  Yes  N/A  **Anticipated Critical Events**  **Surgeon:** States the following:   * Critical or nonroutine steps * Case duration * Anticipated blood loss   **Anesthesia professional:**  Antibiotic prophylaxis within 1 hour before incision  Yes  N/A  Additional concerns  Yes  N/A  **Scrub person and RN circulator:**  Sterilization indicators confirmed  Yes  Additional concerns  Yes  N/A  **RN:**  Documented completion of time out  Yes | Name of operative procedure:    Completion of sponge, sharp, and instrument counts  Yes  N/A  Specimens identified and labeled   * Yes  N/A   Equipment problems to be addressed  Yes  N/A  Discussion of Wound Classification   * Yes   **To all team members:**  What are the key concerns for recovery and management of this patient?          **Debriefing with all team members:**  Opportunity for discussion of   * team performance * key events * any permanent changes in the preference card   January 2019 |



The Joint Commission does not stipulate which team member initiates any section of the checklist except for site marking. The Joint Commission  
also does not stipulate where these activities occur. See the Universal Protocol for details on the Joint Commission requirements.