**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  YesProcedure and procedure site  YesConsent(s)  YesSite marked  Yes  N/Aby the person performing the procedure**RN confirms presence of:**History and physical  YesPreanesthesia assessment  YesNursing assessment  YesDiagnostic and radiologic test results* Yes  N/A

Blood products  Yes  N/AAny special equipment, devices, implants  Yes  N/AInclude 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/Aby person performing the procedurePatient allergies  Yes  N/APulse oximeter on patient  YesDifficult 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)  YesSite is marked and visible  Yes  N/AFire Risk Assessment and Discussion Yes (prevention methods implemented)  N/ARelevant images properly labeled and displayed  Yes  N/AAny 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/AAdditional 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/ASpecimens identified and labeled* Yes  N/A

Equipment problems to be addressed  Yes  N/ADiscussion 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

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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.