Surgical Safety Checklist

Before anesthesia ▶▶▶▶▶▶▶▶▶▶▶▶ Before incision ▶▶▶▶▶▶▶▶▶▶▶▶▶▶ Before leaving operating room

SIGN IN

- ☐ **PATIENT HAS CONFIRMED**
  - IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- ☐ **SITE MARKED**
- ☐ **HISTORY & PHYSICAL REVIEWED**
- ☐ **PRESURGICAL ASSESSMENT COMPLETE**
- ☐ **PREANESTHESIA ASSESSMENT COMPLETE**
- ☐ **ANESTHESIA SAFETY CHECK DONE**

DOES PATIENT HAVE:

DIFFICULT AIRWAY/ASPIRATION RISK?

- ☐ NOT APPLICABLE
- ☐ NO
- ☐ YES: EQUIPMENT/ASSISTANCE AVAILABLE

HISTORY OF FLOMAX/ALPHA 1-A INHIBITOR?

- ☐ NO
- ☐ YES

HISTORY OF ANTICOAGULANTS?

- ☐ NO
- ☐ YES
  - ☐ CONTINUED
  - ☐ STOPPED AS INSTRUCTED

TIME OUT

- ☐ **ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE**
- ☐ **SURGEON, ANESTHESIA PROVIDER, AND NURSE ORALLY CONFIRM**
  - PATIENT
  - SITE
  - PROCEDURE
- ☐ **SURGEON AND NURSE ORALLY CONFIRM**
  - ANTIBIOTIC
  - MITOMYCIN-C/ANTI-NEOPLASTICS
  - IMPLANT STYLE AND POWER
  - DEVICES
  - TISSUE
  - GAS
  - DYES

ANTICIPATED CRITICAL EVENTS

- ☐ **SURGEON REVIEWS**
  - CRITICAL OR UNEXPECTED STEPS
- ☐ REVIEWED
- ☐ NONE ANTICIPATED
  - OPERATIVE DURATION
- ☐ **ANESTHESIA PROVIDER REVIEWS**
  - ANY PATIENT-SPECIFIC CONCERNS
- ☐ **NURSING TEAM REVIEWS**
  - STERILITY (including indicator results)
  - EQUIPMENT ISSUES
  - CONCERNS

SIGN OUT

NURSE ORALLY CONFIRMS WITH TEAM

- ☐ NAME OF PROCEDURE RECORDED
- ☐ INSTRUMENT, SPONGE, SHARP COUNT CORRECT
  - ☐ YES
  - ☐ NOT APPLICABLE
- ☐ SPECIMEN LABELED (including patient name)
  - ☐ YES
  - ☐ NOT APPLICABLE
- ☐ EQUIPMENT ISSUES ADDRESSED

SURGEON, ANESTHESIA PROVIDER, AND NURSE

- ☐ KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF PATIENT REVIEWED

Need confidential risk management assistance?
OMIC-insured ophthalmologists, optometrists, and practices are invited to contact OMIC's Risk Management Department at (800) 562-6642, option 4, or at riskmanagement@omic.com.

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