

# Before induction of anaesthesia

(with at least nurse and anaesthetist)

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

*(Please tick one)*

Yes

**Is the site marked?**

*(Please tick one)*

Yes

Not applicable

**Is the anaesthesia machine and medication check complete?**

*(Please tick one)*

Yes

**Is the pulse oximeter on the patient and functioning?**

*(Please tick one)*

Yes

**Does the patient have a:**

**Known allergy**

*(Please tick one)*

No

Yes

**Difficult airway or aspiration risk?**

*(Please tick one)*

Yes

Yes, and equipment/assistance available

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

*(Please tick one)*

No

Yes, and two IVs/central access and fluids planned



# Before skin incision

(with nurse, anaesthetist and surgeon)

**Confirm all team members have introduced themselves by name and role**

(Please tick one)

Confirm

**Confirm the patient's name, procedure, and where the incision will be made.**

(Please tick one)

Confirm

**Has antibiotic prophylaxis been given within the last 60 minutes?**

(Please tick one)

Yes

Not applicable

Anticipated Critical Events

**To Surgeon:**

(Please tick all that apply)

What are the critical or non-routine steps?

How long will the case take?

What is the anticipated blood loss?

**To Anaesthetist:**

(Please tick one)

Are there any patient-specific concerns?

**To Nursing Team:**

(Please tick all that apply)

Has sterility (including indicator results) been confirmed?

Are there equipment issues or any concerns?

**Is essential imaging displayed?**

(Please tick all that apply)

Option 1

**Is essential imaging displayed?**

(Please tick one)

Yes

Not applicable

# Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

**Nurse Verbally Confirms:**

(Please tick all that apply)

The name of the procedure

Completion of instrument, sponge and needle counts

Specimen labelling (read specimen labels aloud, including patient name)

Whether there are any equipment problems to be addressed



**To Surgeon, Anaesthetist and Nurse:**

*(Please tick all that apply)*

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

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

The checklist is based on the World Health Organization Patient Survey (Revised 1 / 2009).

PREVIEW

