COMPREHENSIVE SURGICAL CHECKLIST

Blue = World Health Organization (WHO) Green = The Joint Commission - Universal Protocol (JC) 2010 National Patient Safety Goals Orange = JC and WHO

PREPROCEDURE CHECK-IN	SIGN-IN	TIME-OUT	SIGN-OUT
In Holding Area	**Before Induction of Anesthesia**	**Before Skin Incision**	**Before the Patient Leaves the Operating Room**
Patient/patient representative actively confirms with Registered Nurse (RN):	**RN and anesthesia care provider confirm:**	**Initiated by designated team member** All other activities to be suspended (unless a life-threatening emergency)	**RN confirms:**
Identity □ Yes Procedure and procedure site □ Yes Consent(s) □ Yes Site marked □ Yes □ N/A by person performing the procedure **RN confirms presence of:** History and physical □ Yes Preanesthesia 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 (SCIP) □ Yes □ N/A Venous thromboembolism prophylaxis ordered (SCIP) □Yes □ N/A Normothermia measures (SCIP) □ Yes □ N/A	Confirmation of: identity, procedure, procedure site and consent(s) □ Yes Site marked □ Yes □ N/A by person performing the procedure Patient allergies □ Yes □ N/A 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 Relevant images properly labeled and displayed □ Yes □ N/A Any equipment concerns? **Anticipated Critical Events** **Surgeon:** States the following: □ critical or nonroutine steps □ case duration □ anticipated blood loss **Anesthesia Provider:** □ Antibiotic prophylaxis within one hour before incision □ Yes □ N/A □ Additional concerns? **Scrub and circulating nurse:** □ Sterilization indicators have been confirmed □ Additional concerns?	Name of operative procedure Completion of sponge, sharp, and instrument counts □ Yes □ N/A Specimens identified and labeled □ Yes □ N/A Any equipment problems to be addressed? □ Yes □ N/A **To all team members:** What are the key concerns for recovery and management of this patient? _____ _____ _____ _____ _____ _____ _____ _____ April 2010

The JC 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.