Yekatit 12 Hospital Surgical Safety Checklist

World Health Organization | Patient Safety
A World Alliance for Safer Health Care

Patient Name: Age & Sex:
Card Number: Date of Operation:

Before induction of anaesthesia

(anaesthetist checks with notes and patient)

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

Is the site marked?
☐ Yes
☐ Not applicable

Are the anaesthesia equipment and medication checks complete?
☐ Yes

Does the patient have:
Known allergy?
☐ No
☐ Yes

Difficult airway or aspiration risk?
☐ No
☐ : equipment/assistance available
☐ Yes: equipment/assistance not available but safe to proceed

Is blood required?
☐ No
☐ Yes and is prepared and available

Before skin incision

(circulating nurse checks with scrub nurse, anaesthetist and surgeon)

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

☐ **Confirm the patient's name & procedure**

Has antibiotic prophylaxis been given within the last 60 minutes?
☐ Yes
☐ Not applicable

Anticipated Critical Events:
To Surgeon:
☐ What are the critical or non-routine steps?
☐ How long will the case take?

Is the anticipated blood loss is > 500ml (7 ml/kg)?
☐ No
☐ Yes: x2 IV cannula sited and fluid / blood planned

To Anaesthetist:
☐ Are there any patient-specific concerns?
☐ Pulse oximeter is on the patient and functioning

To Nursing Team:
☐ Sterility confirmed
☐ Sufficient equipment to proceed

Is essential imaging displayed?
☐ Yes
☐ Not applicable

Before patient leaves operating room

(circulating or senior nurse checks with scrub nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:
☐ The name of the procedure
☐ Completion of instrument, sponge, needle and suture counts

Are there are any equipment problems to be addressed?
☐ Yes
☐ No

To Surgeon, Anaesthetist, and Nurse:
☐ What are the key concerns for recovery and management of this patient?

In specimen / scrub room

(senior nurse checks with scrub team)

Specimen labelled correctly?
☐ Yes
☐ Not applicable

Case cancelled ☐ Reason for cancellation..... Patient deceased ☐ Cause of death.....