

COMPREHENSIVE SURGICAL CHECKLIST

Blue = World Health Organization (WHO)

Green = The Joint Commission - Universal Protocol 2016 National Patient Safety Goals

Teal = Joint Commission and WHO

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 <input type="checkbox"/> Yes Procedure and procedure site <input type="checkbox"/> Yes Consent(s) <input type="checkbox"/> Yes Site marked <input type="checkbox"/> Yes <input type="checkbox"/> N/A by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. RN confirms presence of: History and physical <input type="checkbox"/> Yes Preanesthesia assessment <input type="checkbox"/> Yes Nursing assessment <input type="checkbox"/> Yes Diagnostic and radiologic test results <input type="checkbox"/> Yes <input type="checkbox"/> N/A Blood products <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any special equipment, devices, implants <input type="checkbox"/> Yes <input type="checkbox"/> N/A Include in Preprocedure check-in as per institutional custom: Beta-blocker medication given <input type="checkbox"/> Yes <input type="checkbox"/> N/A Venous thromboembolism prophylaxis ordered <input type="checkbox"/> Yes <input type="checkbox"/> N/A Normothermia measures <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Confirmation of the following: identity, procedure, procedure site, and consent(s) <input type="checkbox"/> Yes Site marked <input type="checkbox"/> Yes <input type="checkbox"/> N/A Patient allergies <input type="checkbox"/> Yes <input type="checkbox"/> N/A Pulse oximeter on patient <input type="checkbox"/> Yes Difficult airway or aspiration risk <input type="checkbox"/> No <input type="checkbox"/> Yes (preparation confirmed) Risk of blood loss (> 500 mL) <input type="checkbox"/> Yes <input type="checkbox"/> N/A # of units available _____ Anesthesia safety check completed <input type="checkbox"/> Yes Briefing: All members of the team have discussed care plan and addressed concerns <input type="checkbox"/> Yes	Introduction of team members <input type="checkbox"/> Yes All: Confirmation of the following: identity, procedure, incision site, consent(s) <input type="checkbox"/> Yes Site is marked and visible <input type="checkbox"/> Yes <input type="checkbox"/> N/A Fire Risk Assessment and Discussion <input type="checkbox"/> Yes (prevention methods implemented) <input type="checkbox"/> N/A Relevant images properly labeled and displayed <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any equipment concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A Anticipated Critical Events Surgeon: States the following: <input type="checkbox"/> Critical or nonroutine steps <input type="checkbox"/> Case duration <input type="checkbox"/> Anticipated blood loss Anesthesia professional: Antibiotic prophylaxis within 1 hour before incision <input type="checkbox"/> Yes <input type="checkbox"/> N/A Additional concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A Scrub person and RN circulator: Sterilization indicators confirmed <input type="checkbox"/> Yes Additional concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A RN: Documented completion of time out <input type="checkbox"/> Yes	Name of operative procedure: _____ Completion of sponge, sharp, and instrument counts <input type="checkbox"/> Yes <input type="checkbox"/> N/A Specimens identified and labeled <input type="checkbox"/> Yes <input type="checkbox"/> N/A Equipment problems to be addressed <input type="checkbox"/> Yes <input type="checkbox"/> N/A Discussion of Wound Classification <input type="checkbox"/> 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 <ul style="list-style-type: none"> - 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.