

# PERI-OPERATIVE CHECK LIST

## PRE-OPERATIVE CHECK LIST

### PATIENT PROFILE

(To be filled by Ward Staff)

Name : ..... I.C. no. : .....

Age : ..... Sex : ..... Race : ..... Reg. no. : .....

Unit : ..... Ward : ..... Weight : .....

Diagnosis : .....

Operation : .....

Checked by (Ward Staff) : ..... Date : ..... Contact person & HP No. : .....

### PRE-TRANSFER CHECK

(Is done by the Ward Nurse before sending patient to OT and at Reception Area in OT by the OT Reception Nurse)

	Ward	OT	Remarks
1. Patient's Name <input type="checkbox"/> Identity Tag <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Consent for <input type="checkbox"/> Surgery <input type="checkbox"/> Anaesthesia <input type="checkbox"/> Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check <b>side</b> of operation <input type="checkbox"/> <b>LEFT</b> <input type="checkbox"/> <b>RIGHT</b> <input type="checkbox"/> <b>NA</b>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Site (location) of operation marked? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>NA</b>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Last meal : Date ..... Time .....	<input type="checkbox"/>	<input type="checkbox"/>	
6. Check for dentures, jewellery, contact lenses etc:	<input type="checkbox"/>	<input type="checkbox"/>	
7. Premedication (write drug given)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Blood availability (write what is available)	<input type="checkbox"/>	<input type="checkbox"/>	
9. Case notes <input type="checkbox"/> Old notes <input type="checkbox"/> X-rays <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. B/P : ..... Pulse rate : .....	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

*Handed over by (Ward Nurse) :* .....

*Received by (OT Nurse) :* .....

### INFORMATION ON OPERATING ROOM / SURGEON / TIME OF SURGERY

(Written in OR by Circulating Nurse)

Operating room no : .....

Anaesthetist : .....

Surgeons : .....

Time start : ..... Time complete : .....

# OPERATING TEAM CHECKLIST

## BEFORE INDUCTION OF ANAESTHESIA

### SIGN IN

**Checked patient's**

- Identity
- Site
- Procedure
- Consent

**Site marked**  Yes  No  NA

**Checked GA machine**

**Pulse oximeter on patient and functioning**

**Checked patient's :**

Allergy?

No  Yes

Airway / Aspiration risk?

No  Yes

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

No  Yes

Adequate IV access?

No  Yes

### Anticipated critical events

**Surgeon reviews** : Any special steps, estimated duration, possible excessive blood loss?

**Anaesthesia team reviews** : Any patient-specific concerns?

**Nursing team reviews** : Instrument sterility confirmed, implants / prosthesis available /

## DURING PROCEDURE

### INTRA-OPERATIVE COMMUNICATION

**Check-in**

**Periodic updates**

**Shout-out**

**Pre-closure disclosure**

## BEFORE SKIN INCISION (OR BEFORE INDUCTION OF ANAESTHESIA)

### TIME OUT

**"White board" written**

**Team members have introduced themselves by name and role**

**Surgeon, anaesthesia professional and nurse have verbally confirmed**

- Patient
- Site
- Procedure
- Consent

**Has antibiotic prophylaxis been given?**

Yes  No  Not applicable

**Is essential imaging displayed?**

Not applicable  Yes

## BEFORE PATIENT LEAVES OPERATING ROOM

### SIGN OUT

**Nurse verbally confirms with the team :**

**The final name of the procedure**  
(With proper spelling)

**Final count of instrument, sponges and needles is correct**

**How specimens are labelled**  
(Including patient's name)

**Whether there are any equipment problems to be addressed**  
(Note in swab count form - incidents / equipment failure section)

**Any special instructions from surgeon or anaesthesia professional during recovery and management of patient**

**Inform the relatives**

**Checklist co-ordinator :** .....  
(Name)

# SWAB & INSTRUMENT COUNT FORM

## SETS & INSTRUMENT

**Basic set :**

**Supplementary :**

1. ....
2. ....
3. ....
4. ....

- .....
- .....
- .....
- .....

Items	Initial count	Additional				Extra count	Additional				2nd count	Additional				Final count
Gauze																
Abdominal pack																
Blade																
Atraumatic needle																
Loose needle																
Diathermy cleaner																

Operation(s) done : .....

SPECIMENS SENT :	INCIDENTS / EQUIPMENT FAILURE :
1. ....	
2. ....	
3. ....	
4. ....	
5. ....	

<p>1<sup>st</sup> Scrub Nurse : .....</p> <p>2<sup>nd</sup> Scrub Nurse : .....</p> <p>Circulating Nurse : .....</p>	<p>Signature : .....</p> <p>Signature : .....</p> <p>Signature : .....</p>
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