WHO Surgical Safety Checklist

WHO Surgical Safety Checklist

Client First Name:

Client Last Name:

Procedure

SIGN IN (To be read aloud)

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

- ◯ Yes

Is the surgical site marked? *

- ◯ Yes
- ◯ Not Applicable

Does the patient have a: Known allergy?

- ◯ Yes
- ◯ No

Is there a risk of significant blood loss?

- ◯ Yes
- ◯ No

TIME OUT (To be read aloud)

Before start of surgical intervention, for example skin incision

- ☐ All team member introduced themselves by name and role.
- ☐ Patient's name confirmed by surgeon
- ☐ Procedure site and position confirmed by surgeon
- ☐ Anticipated blood loss confirmed
- ☐ Specific equipment or investigations confirmed
- ☐ Critical or unexpected steps confirmed if applicable
- ☐ Sterility of instruments and equipment confirmed
- ☐ Any equipment issues or concerns discussed
- ☐ SSI bundle undertaken
- ☐

VTE prophylaxis and Essential imaging not applicable.

SIGN OUT (To be read out loud)

Before any member of the team leaves the operating room

- [ ] Name of procedure been recorded
- [ ] Instruments, swabs, and sharp counts complete/N/A
- [ ] Specimens been labeled/n/a
- [ ] Equipment problems been identified and addressed.
- [ ] Any key concerns for patient/recovery discussed.