

# VM SURGICAL SAFETY CHECKLIST

## PRE-PROCEDURAL VERIFICATION

### Preoperative RN

- Identify Patient & verify consent is complete
- H&P Present
- Allergies verified
- Pre-op labs drawn  NA
- Blood products available  NA
- Pt on Beta Blockers Pre op  Yes  No
- If yes, last dose (date/time) \_\_\_\_\_
- Preop RN: \_\_\_\_\_ Time: \_\_\_\_\_

### Surgeon

- Verify patient & consent matches plan
- Relevant images and/or diagnostic tests available & matched to patient to confirm site/sidedness  N/A
- Site/Side marked with "YES"  N/A
- H&P updated on printed H&P
- Family communication plan
- Attending Surgeon on campus \_\_\_\_\_
- Surgeon: \_\_\_\_\_ Time: \_\_\_\_\_

### OR RN

- Confirm patient identity & consent
- Implants/instruments/equip available
- VTE Prophylaxis Ordered  Yes  No
- Circulating Nurse: \_\_\_\_\_ Time: \_\_\_\_\_

### Anesthesia

- Confirm patient identity & consent
- Block site(s) marked with initials  NA
- Time Out performed before block
- Anesthesia assessment & plan done
- Beta-blocker given w/in 24 hrs  NA
- All sections above signed before proceeding to the OR.
- Anesthesia Provider: \_\_\_\_\_ Time: \_\_\_\_\_

## PROCEDURAL TIME OUT

### Primary Surgeon/Resident/Proceduralist

- Call for Time out
- Circulating RN**
- Identify self / guest (PRN) – full name & role
- Identify patient , State Full Name & Date of Birth
- Consent signed for ( state site & procedure )
- Foley - inserted / NA
- VTE Prophylaxis Initiated  Yes  No  NA
- Rainbow sheet documentation accountability
- Room Status Board updated/Preliminary Count
- Solid Organ Transplant or Donation: ABO Type & Compatibility & UNOS # Verified

### Surgical Scrub Tech

- Identify self / guest (PRN) – full name & role
- Specific instrumentation available & ready
  - Specialty Implants / Equipment /Vendor
- Confirms "YES" is visible in prepped field
- Drugs AND Solutions are all Labeled

### Anesthesiology

- Identify self / guest (PRN) – full name & role
- State significant Drug Allergies
- Antibiotics—given/documentated in Cerner/re-dosing plan
- On Beta Blocker? Received? Post-op order?
- If Diabetes & RBG = \_\_\_\_ / Insulin given/ordered?
- Normothermia measures documented
- Blood Products Ordered/Available amount, NA
- Cell Saver Plan, if applicable
- Concerns addressed? (Co-morbidities etc.)
- Plan for Post-op Pain Management

### Surgeon

- Identify self / guest (PRN) – full name & role
- State Name of Procedure, Site/s, Time Needed
- State Relevant Patient Clinical History
- Verify Imaging Matches - Patient /Site/Sidedness
- State Anticipated Difficulties / significant Co-morbidities/Anticipated Blood Loss
- Post-op Plan – – disposition/ special bed?
- State Additional Information (ie. limit traffic etc.)
- Encourage Team Input or Safety Concerns
- Family Communication Plan

## POST-PROCEDURE TIME OUT

### Surgeon & OR Team Confirm

- Correct Procedure performed & Documented?
- Specimen/s labeled correctly
- Special instructions communicated to the pathologist. N/A
- Counts are correct
- Post op image reviewed N/A

**What, if any, operational barriers were faced by the team?**

**Expect follow up from leadership within 48hrs. Please print.**

Surgeon: \_\_\_\_\_

Primary RN: \_\_\_\_\_

Date \_\_\_\_\_

**PATIENT LABEL**

**Sections are not to be signed until ALL listed required elements are verified and completed. By placing your signature on this document, you are attesting to the completion and accuracy of the delegated tasks.** © 2012 Virginia Mason Medical Center. All rights reserved. **Form is NOT part of the permanent medical record. Deposit completed forms in PACU receptacle.** VMMC FORM 902984 (7/13)