

Surgical Safety Checklist

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Before induction of anaesthesia Before skin incision (with nurse, anaesthetist and surgeon) (with at least nurse and anaesthetist) Has the patient confirmed his/her identity, Confirm all team members have site, procedure, and consent? introduced themselves by name and role. Yes Confirm the patient's name, procedure, and where the incision will be made. Is the site marked? Yes Has antibiotic prophylaxis been given within the last 60 minutes? Not applicable Yes Is the anaesthesia machine and medication Not applicable check complete? Anticipated Critical Events Yes To Surgeon: Is the pulse oximeter on the patient and functioning? What are the critical or non-routine steps? Yes How long will the case take? Does the patient have a: What is the anticipated blood loss? Known allergy? To Anaesthetist: No Are there any patient-specific concerns? Yes To Nursing Team: Difficult airway or aspiration risk? Has sterility (including indicator results) been confirmed? No Are there equipment issues or any concerns? Yes, and equipment/assistance available Is essential imaging displayed? Risk of >500ml blood loss (7ml/kg in children)? Yes No Not applicable Yes, and two IVs/central access and fluids planned This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. given with syringes or needles reused without sterilisation is as high as 70%. Each year, unsafe injections cause 1.3 million deaths, primarily as a result of transmission of hepatitis viruses and human immunodeficiency virus. Identifying and addressing patient safety risks in collaboration with colleagues across the world allows progress to be made on a number of important areas of surgical safety as well as supporting improvements in surgical training. International collaborations, often based on personal professional relationships, can be a catalyst to supporting surgical training and surgical safety initiatives worldwide. The WHO surgical safety checklist (Figure 15.1) demonstrates that many patient safety initiatives are not resource intensive but require attention to the details of process and care pathways commensurate with the local context.

Figure 15.1 World Health Organization's surgical safety checklist research/safe-surgery/tool-and-resources) .

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Nursing Team: Difficult airway or aspiration risk? Has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns? Yes, and equipment/assistance available Is essential imaging displayed? Risk of >500ml blood loss (7ml/kg in children)? Yes No Not applicable Yes, and two IVs/central access and fluids planned This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. given with syringes or needles reused without sterilisation is as high as 70%. Each year, unsafe injections cause 1.3 million deaths, primarily as a result of transmission of hepatitis viruses and human immunodeficiency virus. Identifying and addressing patient safety risks in collaboration with colleagues across the world allows progress to be made on a number of important areas of surgical safety as well as supporting improvements in surgical training. International collaborations, often based on personal professional relationships, can be a catalyst to supporting surgical training and surgical safety initiatives worldwide. The WHO surgical safety checklist (Figure 15.1) demonstrates that many patient safety initiatives are not resource intensive but require attention to the details of process and care pathways commensurate with the local context.

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