Procedure: _____

SURGICAL SAFETY CHECKLIST

GEORGETOWN HOSPITAL SYSTEM

PRE-PROCEDURE VERIFICATION
Documentation on Chart

□ Has the patient confirmed his/her Identity, site, procedure, and consent?

□ Known allergies listed (Latex)
Armband? Chart?

□ Relevant Documentation

H&P/Medical Clearance

Pre-Anesthetic Assessment
Concerns/aspiration risks identified

Operative site marked by surgeon
N/A _____

Operative Consent
Blood/blood Products Consent

□ Beta Blocker
Taken
NA

Antibiotic ordered:
_____
None _____

Precautions:
* ** ***

_____
RN Signature

_____
Date Time

□

TIME OUT:
Prior to surgical incision

Team Members: Intro/Role

All room activity ceased with focus on time out

Has sterility (including indicator results) been confirmed?

Are there any equipment issues or any concerns?

Time Out addresses:

- Correct patient identity and DOB
- Correct procedure on consent
- Correct side & site marked

Team Members Verbally Confirm:

- Patient
- Site
- Procedure

IV Antibiotic within 60 min of cut time (IF ORDERED)

□ 2nd Time Out for 2nd Procedure/LIP

POST PROCEDURE VERIFICATION

□ Procedure recorded confirmed

□ Specimen labeling confirmed.

Wound Classification.
Patient does/does not require another dose of antibiotic.

□ Surgeon/Staff Debriefing: Key concerns or issues.

Equipment concerns identified

Patient does/does not require another dose of antibiotic in PACU.

_____
RN Signature

_____
Date Time

_____
RN Signature

_____
Date Time

ANTICIPATED CRITICAL EVENTS

Critical or unexpected steps

Anticipated blood loss

Implants/equipment available

Patient specific anesthesia concerns

Essential imaging displayed

PATIENT LABEL

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