

# HMC OR Safe Surgery Checklist

<b>Before Induction of Anesthesia</b> <i>Circulating Nurse/Anesthesia provider/Pre-Op nurse</i>	<b>Briefing: Before Skin Incision</b> <i>Circulating Nurse or Surgeon announces the time-out. No multi-tasking. All team members participate.</i>	<b>Debriefing: During Closing</b> <i>Circulating nurse reviews out-loud</i>
Has the patient confirmed their identity, site, procedure, and consents? <input type="radio"/> Yes Both procedural and anesthesia consents are signed? <input type="radio"/> Yes History & Physical present & updated <input type="radio"/> Yes	<ul style="list-style-type: none"> <li><input type="radio"/> This is [patient] born [date].</li> <li><input type="radio"/> <u>While looking at the consent form</u>, the circulating nurse states: the planned procedure is [procedure].</li> <li><input type="radio"/> The correct site is prepped and draped.</li> <li><input type="radio"/> Site marking is visible in the sterile field</li> </ul>	I have recorded the procedure as [procedure]. Is that correct?
Is the site marked? <input type="radio"/> Yes <input type="radio"/> Not applicable Is the foot prep completed if required? Yes      NA	The patient is allergic to: _____ _____ _____ The patient has received [antibiotic & dosage] within the last 60 minutes. <input type="radio"/> Yes <input type="radio"/> Not applicable	Sponge, sharps, and instrument counts are correct. <input type="radio"/> Yes <input type="radio"/> No
Does the patient have a known allergy? <input type="radio"/> Yes <input type="radio"/> No	Essential images are displayed. <input type="radio"/> Yes <input type="radio"/> Not applicable	Specimen(s) were: <input type="radio"/> Labeled as [name] <input type="radio"/> Not collected
Are blood products available? <input type="radio"/> Yes <input type="radio"/> Consent for blood verified Is the patient on blood thinners? <input type="radio"/> Yes <input type="radio"/> No Pregnancy test confirmed negative? Yes      NA	Solutions on the back table, splash basin are clearly labeled with drug, strength, and amount. <input type="radio"/> Yes <input type="radio"/> Not applicable	Are there any post-op concerns for the patient? <input type="radio"/> Yes <input type="radio"/> No
Have all applicable SCIP measures been addressed? <input type="radio"/> Beta Blockers documented <input type="radio"/> SCD's applied <input type="radio"/> Appropriate antibiotics ready <input type="radio"/> Bair Hugger available <input type="radio"/> Sacral foam in place if applicable	Fire Risk    1    2    3	I have received hand-off report  <hr style="border: 0.5px solid green;"/> <div style="display: flex; justify-content: space-between;"> <span>OR RN</span> <span>PACU RN</span> </div> Comments:
I have confirmed the required equipment, implants and instruments are ready. <input type="radio"/> Yes	Patient sticker Date	
I have received hand-off report.  <hr style="border: 0.5px solid red;"/> <div style="display: flex; justify-content: space-between;"> <span>OR RN</span> <span>Pre-Op RN</span> </div>		