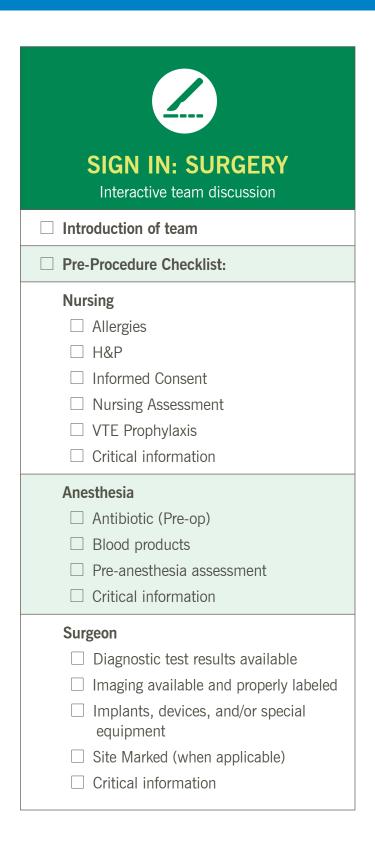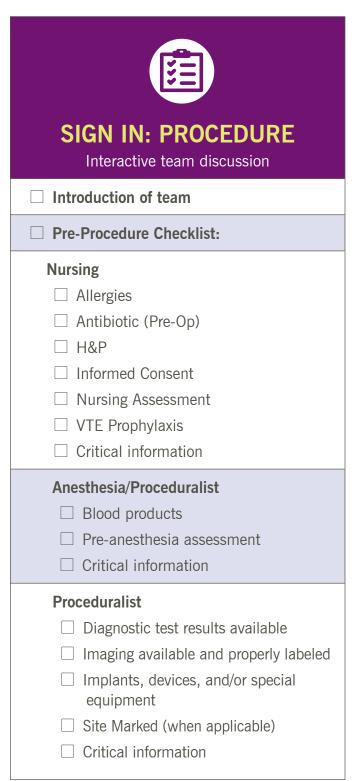# Hillcrest Hospital
a Cleveland Clinic hospital

SAFETY CHECKLIST
Operating Room, ASC and Procedure Room

Checklist to be used for all procedures performed in the Operating Room, Ambulatory Surgery Center and Procedure Room

SIGN IN: SURGERY
Interactive team discussion

- [ ] **Introduction of team**
- [ ] **Pre-Procedure Checklist:**

Nursing
- [ ] Allergies
- [ ] H&P
- [ ] Informed Consent
- [ ] Nursing Assessment
- [ ] VTE Prophylaxis
- [ ] Critical information

Anesthesia
- [ ] Antibiotic (Pre-op)
- [ ] Blood products
- [ ] Pre-anesthesia assessment
- [ ] Critical information

Surgeon
- [ ] Diagnostic test results available
- [ ] Imaging available and properly labeled
- [ ] Implants, devices, and/or special equipment
- [ ] Site Marked (when applicable)
- [ ] Critical information

SIGN IN: PROCEDURE
Interactive team discussion

- [ ] **Introduction of team**
- [ ] **Pre-Procedure Checklist:**

Nursing
- [ ] Allergies
- [ ] Antibiotic (Pre-Op)
- [ ] H&P
- [ ] Informed Consent
- [ ] Nursing Assessment
- [ ] VTE Prophylaxis
- [ ] Critical information

Anesthesia/Proceduralist
- [ ] Blood products
- [ ] Pre-anesthesia assessment
- [ ] Critical information

Proceduralist
- [ ] Diagnostic test results available
- [ ] Imaging available and properly labeled
- [ ] Implants, devices, and/or special equipment
- [ ] Site Marked (when applicable)
- [ ] Critical information

6/2014

SAFETY CHECKLIST continued

TIME OUT
Involves interactive
verbal communication

Team agrees:
- ☐ Correct Patient
- ☐ Correct Side and Site
- ☐ Correct Procedure
- ☐ Correct Position (if applicable)
- ☐ **Affirmation of Time Out** (if applicable)

Surgeon:
- ☐ All elements/issues resolved?
- ☐ Are we ready to start?

SIGN OUT
Verbal confirmation prior to team
leaving the room

- ☐ **Name of procedure recorded**
- ☐ **Disposition of unused blood products discussed**
- ☐ **Counts Completed and Reconciled**
- ☐ **Specimen(s) labeled**
- ☐ **Equipment issues addressed**
- ☐ **Team reviews:** Key concerns for recovery and management of the patient