				-	.,	n on the che		
PRE OPER	ATIVE CI	HECKI	LIST					
Name of Departm	nent							
A. PATIENT PR	ROFILE							
Name				I/C Pass	I/C Passport No			
Age	Sex	Race			Hospital Reg. No			
Unit			W	ard			Weight	
Diagnosis (as per C	DT list)							
Planned								
Operation / Proced Checked By	ure (as per cons	sent)	1			Contact pe	rcon	
(Ward Staff)			Date	(DD/	′ΜΜ/ΥΥΥΥ)	•	Next of kin)	
B. PRE-TRANSI	FER CHECK							
Any important issue		ted						
(has been corrected	l or rectified)							
c. INFORMATIO	ON ON OPEI	RATING	ROOM	/ SU	RGEON	/ TIME OF	SURGER	1
(Written in OR by	Checklist Coord	linator )						
Operating Room No.			Tempe	erature		Humid	ity	
Anaesthetist(s)								
Surgeon(s)								
Checklist Coordinato	r					t Surgery/Pro		: н(:
Checklist Coordinato OPERATING		ECKLI	ST				ocedure : y/Procedure	· ·
	ТЕАМ СН	ECKLI	ST		Time Com		y/Procedure	· ·
OPERATING	ТЕАМ СН	ECKLI	ST		Time Com <b>DURIN</b>	nplete Surger <b>G PROCEL</b>	y/Procedure	: н(
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CHECK IN

Surgeon inform anaesthetist & scrub nurse of his/her intention to start	□YES □NO
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<b>SIGN OUT/Debriefing</b> (By Surgeon / Checklist Coordinator Nurse)					
The final name of the procedure, findings and post-op orders	□YES □NO				
Final instrument & swab count was done	□YES □NO				
Specimen to be labelled	□YES □NO □NA				
Any incidents or issues to be addressed? If yes, please specify below	□YES □NO				
Any special post op instructions by anaesthetist or surgeon?	□YES □NO				
INFORM THE RELATIVE	□YES □NO				



## MULTIDISCIPLINARY CHECKLIST (FORM B)

## **SWAB & INSTRUMENT COUNT FORM**

PLANNED SURGICAL PROCEDURE			
DATE / TIME START		DATE / TIME END	
SET & INSTRUMENTS	(Use 24 hour format of time,e.g. 2315H)	)	(Use 24 hour format of time,e.g. 2315H)

BASIC SET USED IN PROCEDURE

SUPPLEMENTARY SET USED IN PROCEDURE

Initial Extra 2nd Final Items Additional Additional Additional count count count count Gauzes Abdominal packs Blades Atraumatic Needles Loose Needles **Diathermy cleaner** 

Actual operation(s)/ procedure(s) done

Specimen(s) sent

Name of 1st Scrub Nurse	Time start	Time End	Signature
Name of 2nd Scrub Nurse	Time start	Time End	
Name of Circulating Nurse	Time start	Time End	
Name of Surgeon & MMC No.	Time start	Time End	

