

Primary Team

Kindly refer to the primary team checklist for complete information on the checklist

PRE OPERATIVE CHECKLIST

Name of Department

A. PATIENT PROFILE

Name				I/C Passport No			
Age		Sex		Race		Hospital Reg. No	
Unit				Ward		Weight	
Diagnosis (as per OT list)							
Planned Operation / Procedure (as per consent)							
Checked By (Ward Staff)				Date		Contact person & HP no. (Next of kin)	

B. PRE-TRANSFER CHECK

Any important issues to be highlighted (has been corrected or rectified)

C. INFORMATION ON OPERATING ROOM / SURGEON / TIME OF SURGERY

(Written in OR by Checklist Coordinator)

Operating Room No.		Temperature		Humidity	
Anaesthetist(s)					
Surgeon(s)					
Checklist Coordinator		Time Start Surgery/Procedure	:		H (24H)
		Time Complete Surgery/Procedure	:		H (24H)

OPERATING TEAM CHECKLIST

BEFORE SKIN INCISION

TIME OUT (By Surgeon, Anaesthetist & Scrub Nurse)	
'WHITE BOARD' written	<input type="checkbox"/> YES <input type="checkbox"/> NO
Introduce team members	<input type="checkbox"/> YES <input type="checkbox"/> NO
Confirmed patient's • Name • Planned procedure • Site/side • Consent	<input type="checkbox"/> YES <input type="checkbox"/> NO
Antibiotic prophylaxis given within the last 60 minutes?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Essential imaging displayed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Briefing by Surgeon: Incision, critical steps, estimated duration and blood loss	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anaesthesia review: Any patient-specific concern?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Scrub nurse review: Instrument/implant available. Equipment (diathermy, suction) ready	<input type="checkbox"/> YES <input type="checkbox"/> NO

CHECK IN

Surgeon inform anaesthetist & scrub nurse of his/her intention to start	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DURING PROCEDURE

INTRA-OPERATIVE COMMUNICATION (By Surgeon, Anaesthetist & Scrub Nurse)	
PERIODIC UPDATES	<input type="checkbox"/> YES <input type="checkbox"/> NO
SHOUT - OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRE-CLOSURE DISCLOSURE	<input type="checkbox"/> YES <input type="checkbox"/> NO

BEFORE SURGEON LEAVES OPERATING ROOM

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



SWAB & INSTRUMENT COUNT FORM

PLANNED SURGICAL PROCEDURE

1st TEAM

2nd TEAM

DATE / TIME START

(Use 24 hour format of time, e.g. 2315H)

DATE / TIME END

(Use 24 hour format of time, e.g. 2315H)

SET & INSTRUMENTS

BASIC SET USED IN PROCEDURE

SUPPLEMENTARY SET USED IN PROCEDURE

Items	Initial count	Additional	Extra count	Additional	2nd count	Additional	Final 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

24 H 24 H

Name of 2nd Scrub Nurse

Time start

Time End

24 H 24 H

Name of Circulating Nurse

Time start

Time End

24 H 24 H

Name of Surgeon & MMC No.

Time start

Time End

24 H 24 H

