Surgical Safety Checklist Printable PDF Survey (by the World Health Organization) Before induction of anaesthesia (with at least nurse and anaesthetist) Has the patient confirmed his/her identity, site, procedure, and consent? (Please cross one) ()Yes Is the site marked? (Please cross one) () Yes Not applicable Is the anaesthesia machine and medication check complete? (Please cross one) Is the pulse oximeter on the patient and functioning? (Please cross one) Yes Does the patient have a: **Known alergy** (Please cross one) () No Difficult airway or aspiration risk? (Please cross one) ()Yes Yes, and equipment/assistance available Risk of >500ml blood loss (7ml/kg in children)? (Please cross one) () No Yes, and two IVs/central access and fluids planned



Before skin incision	
(with nurse, anaesthetist and surgeon) Confirm all team members have introduced themselves by name and role Confirm	e (Please cross one)
Confirm the patient's name, procedure, and where the incision will be made. Oconfirm	(Please cross one)
Has antibiotic prophylaxis been given within the last 60 minutes? Yes Not applicable	(Please cross one)
Anticipated Critical Events To Surgeon: What are the critical or non-routine steps? How long will the case take? What is the anticipated blood loss?	(Please cross all that apply)
To Anaesthetist:	(Please cross one)
Are there any patient-specific concerns? To Nursing Team: Has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns?	(Please cross all that apply)
Is essential imaging displayed? Option 1	(Please cross all that apply)
Is essential imaging displayed? Yes Not applicable	(Please cross one)
Before patient leaves operating roo	m
(with nurse, anaesthetist and surgeon) Nurse Verbally Confirms: The name of the procedure Completion of instrument, sponge and needle counts Specimen labelling (read specimen labels aloud, including patient name) Whether there are any equipment problems to be addressed	(Please cross all that apply)



To Surgeon, Anaesthetist and Nurse:	(Please cross all that apply)
What are the key concerns for recovery and management of this patient?	

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

The checklist is based on the World Health Organization Patient Survey (Revised 1 / 2009).



