# 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

<table>
<thead>
<tr>
<th><strong>Sign In: Surgery</strong></th>
<th><strong>Sign In: Procedure</strong></th>
<th><strong>Time Out</strong></th>
<th><strong>Sign Out</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interactive Team Discussion</strong></td>
<td><strong>Interactive team discussion</strong></td>
<td><strong>Involves interactive verbal communication</strong></td>
<td><strong>Verbal confirmation prior to team leaving the room</strong></td>
</tr>
</tbody>
</table>

## 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

**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

## 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?

## 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 patients