HSE Safe Surgery Checklist

SIGN IN / TIME OUT

To be completed prior to administration of local anaesthesia and skin incision. To be read aloud in the presence of all team members when there is silence

- Confirm that new team members have been introduced to all of the team — Yes ☐

- Has the patient stated their name, date of birth, procedure, site/side/digit/level, and confirmed signature on consent form? — Yes ☐
(This should be checked against wrist band and consent form).

- Have these been confirmed with Parent/Guardian — Not Applicable ☐ Yes ☐

- Does the HCR number on consent match wristband? — Yes ☐

- Is the site marked? — N/A ☐ Yes ☐
(Check with surgeon if any issues)

- Is monitoring required and attached? — Yes ☐ No ☐

- Does the patient have a known allergy? — Yes ☐ No ☐
Details_____

- Is antibiotic prophylaxis required? — Yes ☐ No ☐

- Is all necessary equipment/implants etc. available? — Yes ☐

- Is all required imaging available and displayed? — Yes ☐

- Does the patient require:
  - Contact precautions — Yes ☐ No ☐
  - Droplet precautions — Yes ☐ No ☐
  - Airborn precautions — Yes ☐ No ☐

- Is specific PPE required and available? — Yes ☐ No ☐

- Is the patient positioned correctly and safely? — Yes ☐

- ASA Grade:_____

Signature: ☐   Time: ☐

For Local Anaesthesia

SIGN OUT

To be completed prior to patient leaving the operating/procedure room

- Confirm the name of the procedure ☐

- Confirm instrument, sponge and needle count are correct ☐

- Confirm that specimens are identified and labelled (read specimen labels aloud, including patient name & HCRN)
Yes ☐   N/A ☐

- Ask Surgeon and Scrub Nurse/Midwife if there is any specific post-operative information that must be relayed to staff:
  - Surgeon ☐
  - Scrub Nurse/Midwife ☐

Details:

Signature: ☐   Time: ☐

Patient Details (Addressograph Label)

Name:

HCRN:

DOB:

Date of Procedure: