

# SCVS Surgical Safety Checklist

To be read out loud

July 2013



## SIGN IN

**BEFORE INDUCTION OF ANAESTHESIA  
(WITH AT LEAST VN AND ANAESTHETIST,  
in prep)**

Has the patient had their:  
identity confirmed YES   
consent checked YES   
procedure verified YES   
surgical site/side verified YES

Was the *Pre-Anaesthetic Checklist* completed? YES   
Was the *Machine, Breathing System and Scavenging Checklist* completed? YES

### **Does the patient have:**

- 1) A known allergy?  
NO  YES
- 2) Difficult airway or aspiration risk?  
NO   
YES  and equipment/assistance are available
- 3) Risk of >15% blood loss  
NO   
YES  and adequate i/v access and fluids are planned

Are antibiotics to be given at induction?  
YES  Not applicable

Should NSAIDs be given?  
YES  NO

Is patient position in theatre known?  
YES

Are all required images present?  
YES/not applicable

VN initials \_\_\_\_\_

## TIME OUT

**BEFORE FIRST SKIN  
INCISION/START OF PROCEDURE  
(WITH VN, ANAESTHETIST AND  
SURGEON, in theatre)**

Are there any visitors to theatre?  
NO  YES (and they've been introduced)

Confirm the patient's name, procedure and where the incision will be made

Should antibiotics continue to be given every 90 minutes? YES  NO

### **Anticipated critical events**

#### **To surgeon:**

- 1) Do you anticipate significant blood loss?
- 2) Are there any critical or unexpected steps you want the team to know about?
- 3) Are there any specific equipment or repositioning requirements?
- 4) Has a swab count been performed?

#### **If using monopolar electrosurgery:**

5) Has the position of the return electrode mat been checked?

#### **To anaesthetist:**

Are there any patient-specific concerns?

#### **From VN:**

- Has sterility been confirmed?
- Are there any equipment issues?

VN initials \_\_\_\_\_

## SIGN OUT

**BEFORE ANY MEMBER OF THE  
TEAM LEAVES THE THEATRE**

### **VN to verbally confirm with the team:**

1) Have any biopsy/culture specimens been labelled and collected?

2) Has a swab count been performed?

3) Have sharps been dealt with?

4) Were there any equipment problems which need to be addressed?

### **To the surgeon and anaesthetist:**

What are the key concerns for the recovery and immediate post-op management of this patient?

VN initials \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

DATE: \_\_\_\_\_

VN IN CHARGE: \_\_\_\_\_

### PATIENT DETAILS OR STICKER

ANIMAL NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_