







Verification of Patient: Anesthesia / Conscious Sedation Nurse and Nurse Armband Consent In Room Time

ALL TEAM MEMBERS STOP ACTIVITY AND BEGIN CHECKLIST

Surgeon Reviews

- Confirim complete team present (Introduce non OR staff present)
- Confirm patient, Nurse read/verify / signed consent, procedure
- Confirm site marked by surgeon (when laterality is present)
- Brief description of procedure and anticipated difficulties
- Describe implants needed, unusual instruments, OR supplies
- Confirm that essential imaging is displayed and correctly oriented

Anesthesia Reviews

- Airway or other patient-specific concerns (special meds, health conditions affecting recovery, etc.)
- Patient allergies reviewed
- Antibiotics given within 60 mins of incision
- B-BLOCKERS given * YES * NO then chart why not

Nurse Reviews

IF PROCEDURE IS EXPECTED TO BE LONGER THAN ONE HOUR:

- Confirm that supplies and implants are available
- If using an implant, confirm expiration dates
- Active warming in place
- Glucose checked for diabetic patients
- VTE prophylaxis
- Review time for antibiotic redose * TIME

Surgical Technologist Reviews

- Surgical Prep (Chlorhexidene) is dry
- All needed surgical trays/instruments are in room
- Sterile indicators verified with Nurse

Surgeon Reviews Debriefing—At Completion of Case

- (All) Confirm name of procedure
- (Surgeon and Nursing) Confirm specimen, label & instructions to pathologist
- (All) Confirm EBL, Urine, NGT and other output in ml
- (Surgeon and Nursing) Before closure: Confirm that instrument, sponge, and needle counts correct

If counts incorrect, confirm x-ray negative

- (Surgeon and Anesthesia) Disposition of Patient. Key concerns for recovery (plan for pain management, nausea/vomiting)
- (All) Any preference card changes
- * Yes, turn in printed preference card with changes
- (All) Equipment issues to be addressed? * Yes, and response plan formulated (Who/When)
- (All) What could have been better?
- * Something, with plan to address (Who/ When)





