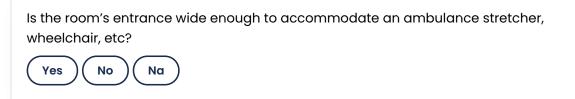
## **Surgical Safety Checklist**

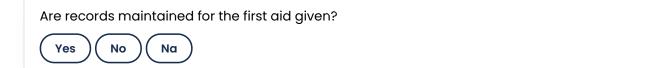
## **Health Services**

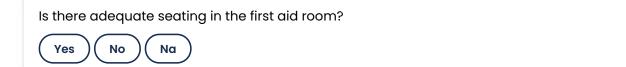








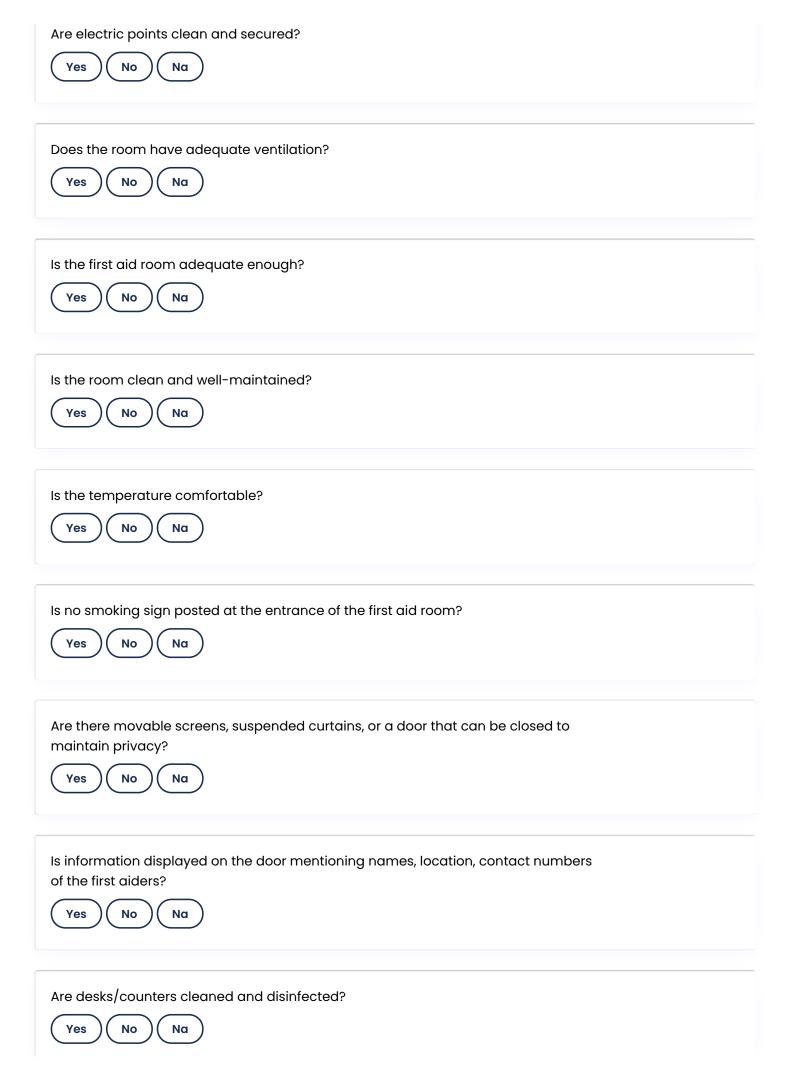


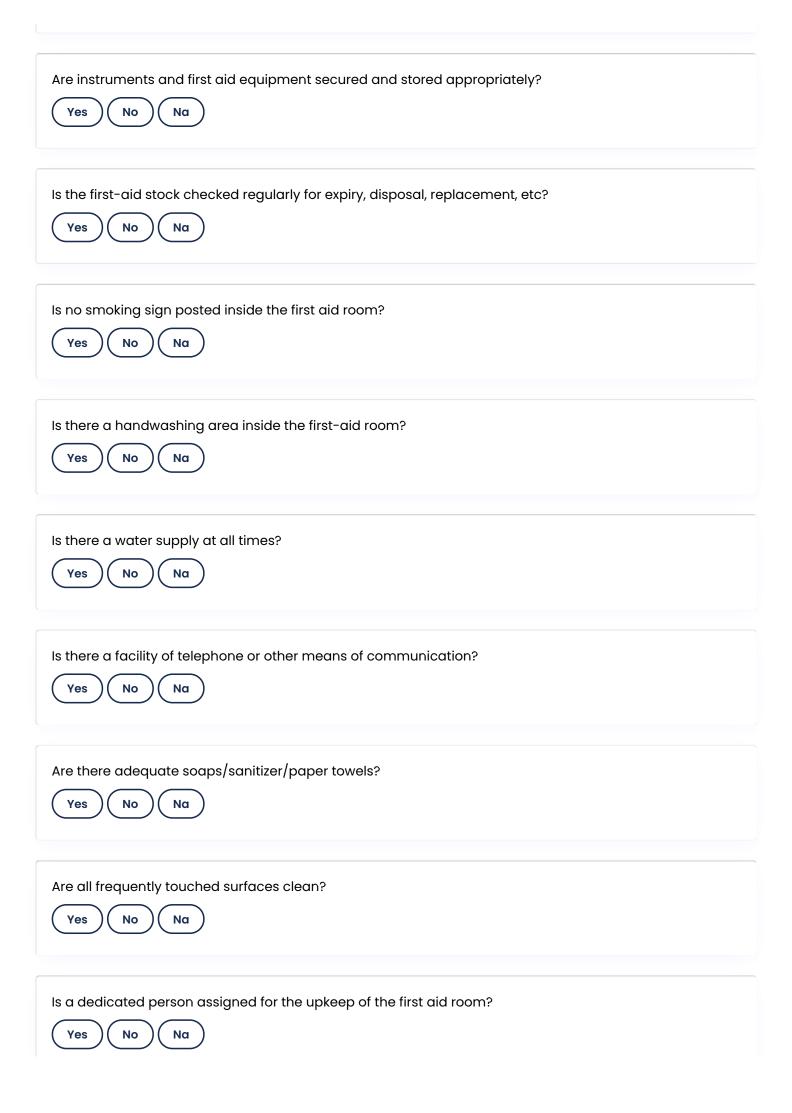




Is there a designated cabinet to store equipment?

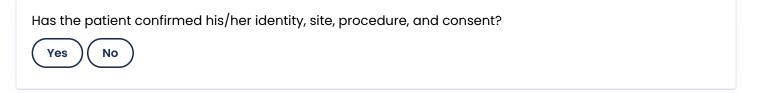


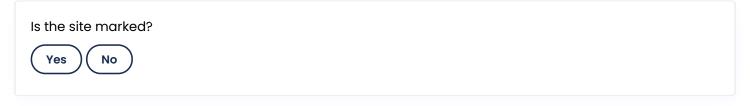


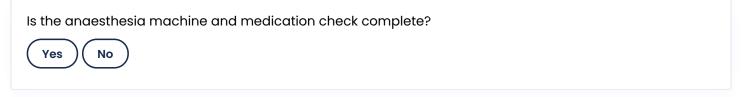


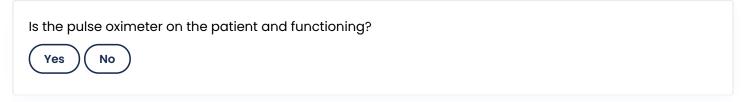
Is the room located near to a point of access for transport to the hospital?  Yes No Na
Is drinking water available?  Yes No Na
Are protective garments for first aiders available?  Yes No Na
Are used first-aid equipment properly discarded?  Yes No Na
Is there a trash can inside the first-aid room?  Yes No Na
Is the trash regularly emptied?  Yes No Na
Additional information
Inspectors Name/signature:
Inspection Date:

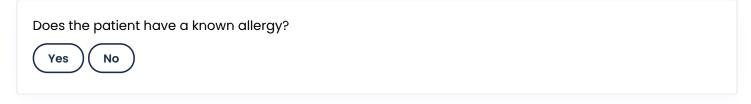
## **PRE-ANAESTHESIA CHECKS**

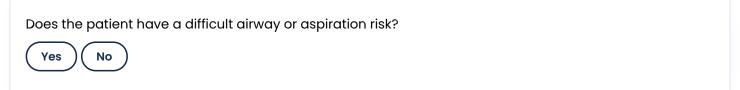


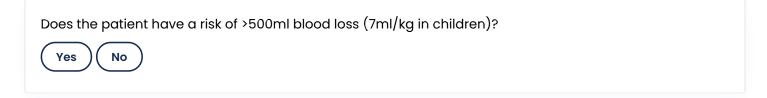














Confirm the patient's name, procedure, and where the incision will be made  Yes No
Had antibiotic prophylaxis have been given within the last 60 minutes?  Yes No
What are the critical or non-routine steps? How long will the case take? What is the anticipated blood loss?  What would be the critical or non-routine steps? How much time will the case take?  How much blood loss is anticipated?
Are there any patient specific concerns?  Yes No
Has sterility (including indicator results) been confirmed?  Yes No
Are there equipment issues or any concerns?  Yes No
Is essential imaging displayed?  Yes No
Nurse Verbally Confirms the name of the procedure?, Nurse Verbally Confirms completion of instrument, sponge and needle counts, Nurse Verbally Confirms specimen labelling (read specimen labels aloud, including patient name), Nurse Verbally Confirms Whether there are any equipment problems to be addressed  Name of the procedure Completion of instrument Sponge and needle count  Specimen labelling (read specimen labels aloud including patients name)

Whether there are any equipment problems to be addressed	
Are there any key concerns for recovery and management of this patient?  Yes No	