## PRE OPERATIVE CHECKLIST

### A. PATIENT PROFILE

<table>
<thead>
<tr>
<th>Name</th>
<th>I/C Passport No</th>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Hospital Reg. No</th>
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<thead>
<tr>
<th>Unit</th>
<th>Ward</th>
<th>Weight</th>
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**Diagnosis (as per OT list):**

**Planned Operation / Procedure (as per consent):**

**Checked By (Ward Staff):**

**Date:**

**Contact person & HP no. (Next of kin):**

### B. PRE-TRANSFER CHECK

Any important issues to be highlighted (has been corrected or rectified)

### C. INFORMATION ON OPERATING ROOM / SURGEON / TIME OF SURGERY

**Operating Room No.:**

**Temperature:**

**Humidity:**

**Anaesthetist(s):**

**Surgeon(s):**

**Checklist Coordinator:**

**Time Start Surgery/Procedure:**

**H (24H)**

**Time Complete Surgery/Procedure:**

**H (24H)**

## OPERATING TEAM CHECKLIST

### BEFORE SKIN INCISION

#### TIME OUT

- **White Board’** written
  - YES  NO
- Introduce team members
  - YES  NO
- Confirmed patient’s
  - Name
  - Planned procedure
  - Site/side
  - Consent
  - YES  NO
- Antibiotic prophylaxis given within the last 60 minutes?
  - YES  NO  NA
- Essential imaging displayed?
  - YES  NO  NA
- Briefing by Surgeon: Incision, critical steps, estimated duration and blood loss
  - YES  NO
- Anaesthesia review:
  - Any patient-specific concern?
  - YES  NO
- Scrub nurse review:
  - Instrument/implant available.
  - Equipment (diathermy, suction) ready
  - YES  NO

#### CHECK IN

- Surgeon inform anaesthetist & scrub nurse of his/her intention to start
  - YES  NO

## DURING PROCEDURE

### INTRA-OPERATIVE COMMUNICATION

- **PERIODIC UPDATES**
  - YES  NO
- **SHOUT - OUT**
  - YES  NO
- **PRE-CLOSURE DISCLOSURE**
  - YES  NO

### BEFORE SURGEON LEAVES OPERATING ROOM

#### SIGN OUT/Debriefing

- The final name of the procedure, findings and post-op orders
  - YES  NO
- Final instrument & swab count was done
  - YES  NO
- Specimen to be labelled
  - YES  NO  NA
- Any incidents or issues to be addressed?
  - YES  NO  NA
- If yes, please specify below
- Any special post op instructions by anaesthetist or surgeon?
  - YES  NO

### INFORM THE RELATIVE

- YES  NO

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**Multidisciplinary Checklist (Form B)**

**Safe Surgery Saves Lives**

**Primary Team**

Kindly refer to the primary team checklist for complete information on the checklist.
## SWAB & INSTRUMENT COUNT FORM

### PLANNED SURGICAL PROCEDURE

<table>
<thead>
<tr>
<th>1st TEAM</th>
<th>2nd TEAM</th>
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<tbody>
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### DATE / TIME START

(Use 24 hour format of time, e.g. 2315H)

### DATE / TIME END

(Use 24 hour format of time, e.g. 2315H)

### SET & INSTRUMENTS

#### BASIC SET USED IN PROCEDURE

<table>
<thead>
<tr>
<th>Items</th>
<th>Initial count</th>
<th>Additional</th>
<th>Extra count</th>
<th>Additional</th>
<th>2nd count</th>
<th>Additional</th>
<th>Final count</th>
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</thead>
<tbody>
<tr>
<td>Gauzes</td>
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<tr>
<td>Abdominal packs</td>
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<td>Blades</td>
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<tr>
<td>Atraumatic Needles</td>
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<tr>
<td>Loose Needles</td>
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<tr>
<td>Diathermy cleaner</td>
<td></td>
<td></td>
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<tr>
<td>Specimen(s) sent</td>
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#### SUPPLEMENTARY SET USED IN PROCEDURE

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<th>Items</th>
<th>Initial count</th>
<th>Additional</th>
<th>Extra count</th>
<th>Additional</th>
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### Actual operation(s)/ procedure(s) done

### Specimen(s) sent

### Name of 1st Scrub Nurse

<table>
<thead>
<tr>
<th>Name of 1st Scrub Nurse</th>
<th>Time start</th>
<th>Time End</th>
<th>Signature</th>
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<td>24 H</td>
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### Name of 2nd Scrub Nurse

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<th>Time End</th>
<th>Signature</th>
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### Name of Circulating Nurse

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<th>Time End</th>
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### Name of Surgeon & MMC No.

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<tr>
<th>Name of Surgeon &amp; MMC No.</th>
<th>Time start</th>
<th>Time End</th>
<th>Signature</th>
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<tbody>
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