



SES090005

<p>Health South Eastern Sydney Local Health District Sydney Children's Hospital Randwick</p>	If this checklist is not completed or check is incorrect, IIMs notification to be entered.
	Name of Proceduralist who led checklist: _____
Facility: _____	
<h2>CLINICAL PROCEDURE SAFETY CHECKLIST LEVEL 3</h2>	

FAMILY NAME		MRN
GIVEN NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

SIGN IN - Before Induction of Anaesthesia/Sedation

PATIENT / CARER HAS CONFIRMED

Identity Procedure
 Site Consent

SITE MARKED
 Not Applicable

ANAESTHESIA / SEDATION SAFETY CHECK COMPLETED
 Not Applicable

PULSE OXIMETER ON PATIENT AND FUNCTIONING

DOES PATIENT HAVE A KNOWN ALLERGY / ADVERSE REACTION

Yes
 No

KNOWN DIFFICULT AIRWAY/ ASPIRATION RISK

Yes, and Equipment/Assistance available
 No

RISK OF >500mL BLOOD LOSS (7mL/kg in Children)

Yes and Adequate Intravenous Access and Fluids Planned
 No

PROSTHESIS / SPECIAL EQUIPMENT:
 Special equipment needed is available and functional
 Yes

Name Designation

Signature Date

TIME OUT – Prior to Commencement of Procedure

CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE

SURGEON, ANAESTHETIST AND NURSE VERBALLY CONFIRM

Patient Procedure
 Site Allergies

ANTICIPATED CRITICAL EVENTS

SURGEON REVIEWS:
 What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss

ANAESTHESIA TEAM REVIEWS:
 Are there any Patient-Specific concerns

NURSING TEAM REVIEWS:
 Has Sterility (including indicator results) been confirmed
 Are there Equipment Issues or any concerns

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES

Yes Not Applicable

HAS THE PATIENT RECEIVED THROMBOPROPHYLAXIS

ANTICOAGULANT Yes Not Required
MECHANICAL Yes Not Required

IS ESSENTIAL IMAGING DISPLAYED

Yes Not Applicable

PRESSURE INJURY PREVENTION PLAN IMPLEMENTED

Yes Not Applicable

HAS POSITION OF PATIENT BEEN CONFIRMED

Yes Not Applicable

Name Designation

Signature Time..... Date.....

SIGN OUT - Before patient leaves Operating/Procedure Room

NURSE VERBALLY CONFIRMS WITH THE TEAM:

NAME OF THE PROCEDURE RECORDED

ACCOUNTABLE ITEMS / INSTRUMENT CHECKS COMPLETED

SPECIMEN / IMAGES ARE LABELLED CORRECTLY
 Not Applicable

WHETHER THERE ARE ANY EQUIPMENT PROBLEMS / ISSUES DOCUMENTED & RELEVANT STAFF ADVISED
 Not Applicable

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SURGEON, ANAESTHETIST AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT IN CLINICAL HANDOVER (PRIOR TO LEAVING OPERATING ROOM)

BLOOD LOSS DOCUMENTED AND ONGOING MANAGEMENT DISCUSSED
 Not Applicable

POST PROCEDURE VTE PROPHYLAXIS ORDERED.

Yes
 Not Required

PROCEDURAL TEAM CONFIRMS ADVICE FOR CLINICAL HANDOVER (IN POST ANAESTHETIC CARE UNIT)

Yes
 Not Applicable

Name Designation

Signature Date