## VM SURGICAL SAFETY CHECKLIST

### PRE-PROCEDURAL VERIFICATION

- **Preoperative RN**
  - Identify Patient & verify consent is complete
  - H&P Present
  - Allergies verified
  - Pre-op labs drawn: **NA**
  - Blood products available: **NA**
  - Pl on Beta Blockers Pre-op: **Yes/No**
  - If yes, last dose (date/time): ____________
  - Preop RN: ___________________________ Time: ____________

- **Surgeon**
  - Verify patient & consent matches plan
  - Relevant images and/or diagnostic tests available & matched to patient to confirm site/sidedness: **N/A**
  - Site/Side marked with “YES” **N/A**
  - H&P updated on printed H&P
  - Family communication plan
  - Attending Surgeon on campus: ____________
  - Surgeon: ___________________________ Time: ____________

- **OR RN**
  - Confirm patient identity & consent
  - Implants/instruments/equip available
  - VTE Prophylaxis Ordered: **Yes/No**
  - Circulating Nurse: ___________________________ Time: ____________

- **Anesthesia**
  - Confirm patient identity & consent
  - Block site(s) marked with initials: **NA**
  - Time Out performed before block
  - Anesthesia assessment & plan done
  - Beta-blocker given w/in 24 hrs: **NA**
  - All sections above signed before proceeding to the OR.
  - Anesthesia Provider: ____________ Time: ____________

### PROCEDURAL TIME OUT

- **Primary Surgeon/Resident/Proceduralist**
  - Call for Time out

- **Circulating RN**
  - Identify self / guest (PRN) – full name & role
  - Identify patient, State Full Name & Date of Birth
  - Consent signed for (state site & procedure)
  - Foley - inserted / NA
  - VTE Prophylaxis Initiated: **Yes/No**
  - Rainbow sheet documentation accountability
  - Room Status Board updated/Preliminary Count
  - Solid Organ Transplant or Donation: ABO Type & Compatibility & UNOS # Verified

### POST-PROCEDURE TIME OUT

- **Surgeon & OR Team Confirm**
  - Correct Procedure performed & Documented?
  - Specimen/s labeled correctly
  - Special instructions communicated to the pathologist: **N/A**
  - Counts are correct
  - Post op image reviewed: **N/A**

**What, if any, operational barriers were faced by the team?**

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