### SIGN IN

- □ PATIENT HAS CONFIRMED
  - • IDENTITY
  - • SITE
  - • PROCEDURE
  - • CONSENT
- □ SITE MARKED/NOT APPLICABLE
- □ ANAESTHESIA SAFETY CHECK COMPLETED
- □ PULSE OXIMETER ON PATIENT AND FUNCTIONING

**Does patient have a:**

- □ KNOWN ALLERGY?
  - NO
  - YES
- □ DIFFICULT AIRWAY/ASPIRATION RISK?
  - NO
  - YES, AND EQUIPMENT/ASSISTANCE AVAILABLE
- □ RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
  - NO
  - YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

### TIME OUT

- □ CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
- □ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
  - • PATIENT
  - • SITE
  - • PROCEDURE

**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

**Is essential imaging displayed?**

- □ YES
- □ NOT APPLICABLE

### SIGN OUT

- □ NURSE VERBALLY CONFIRMS WITH THE TEAM:
  - • THE NAME OF THE PROCEDURE RECORDED
  - • THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
  - • HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
  - • WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
- □ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

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**This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.**